2007 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LONG-TERM CARE FACILITY PROFILES
MISSING DATA REPORT

This current version of the 2007 Long Term Care Facility Profiles does not include the following facilities:

MODERN CARE CONVALESCENT & NSG., JACKSONVILLE -- Health Service Area 003 Planning Service Area 137

COVENANT CARE OF O'FALLON, O'FALLON -- Health Service Area 011 Planning Service Area 163

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
Stephen De Braekeleer

Contact Person and Telephone
Brother De Braekeleer
815-694-2306

Date Completed
5/2/2008

Registered Agent Information
Damien De Braekeleer
1190 E 2900 N Rd
Clifton, IL 60927

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	4
Developmental Disability	3
Circulatory System	3
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	58	99	50	49	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	58	99	50	49	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	46
Total Discharges 2007	45
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1505	0.0%	8318	23.0%	8889	18712	51.8%	51.8%
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	1505	0.0%	8318	23.0%	8889	18712	51.8%	51.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	2	16	0	0	0	0	0	0	2	16	18
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	8	42	0	0	0	0	0	0	8	42	50

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	22	0	0	24	0	50
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
TOTALS	4	22	0	0	24	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	4.00
Non-Health Staff	22.00
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
19.7%	28.6%	0.0%	0.0%	51.8%	100.0%		0.0%
501,963	728,625	0	0	1,320,398	2,550,986	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
VICKI ANDERSEN

Contact Person and Telephone
Jeffrey Webster
847-679-2121

Date Completed
4/22/2008

Registered Agent Information

CHICAGO, IL 60606

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	13
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	82	82	71	82	65	17	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	71	82	65	17	19	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	33
Total Discharges 2007	35
Residents on 12/31/2007	65

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2234	32.2%	18571	68.8%	2920	23725	79.3%	79.3%
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%
TOTALS	2234	32.2%	18571	68.8%	2920	23725	79.3%	79.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	9	8	0	0	0	0	0	0	9	8	17
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	6	12	0	0	0	0	0	0	6	12	18
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	25	40	0	0	0	0	0	0	25	40	65

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	49	0	0	9	0	65
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
TOTALS	7	49	0	0	9	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	1	0	0	0	1
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	17.00
Other Health Staff	2.00
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
30.1%	59.6%	0.0%	0.0%	10.4%	100.0%		0.0%
1,070,711	2,121,562	0	0	369,837	3,562,110	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/4/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	106	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	106	106	104	2	0	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	16
Total Discharges 2007	17
Residents on 12/31/2007	104

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	34690	89.7%	2926	37616	97.2%	97.2%
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%
TOTALS	0	0.0%	34690	89.7%	2926	37616	97.2%	97.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	0	0	0	0	0	0	9	11	20
45 to 59	27	21	0	0	0	0	0	0	27	21	48
60 to 64	7	9	0	0	0	0	0	0	7	9	16
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	1	2	0	0	0	0	0	0	1	2	3
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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	95	2	0	7	0	104
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
TOTALS	0	95	2	0	7	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	5.00
Non-Health Staff	21.00
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%	88.9%	2.2%	0.0%	8.9%	100.0%		0.0%
0	3,322,675	83,059	0	332,063	3,737,797	0	

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1095	75.0%	0	1095	75.0%	75.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1095	75.0%	0	1095	75.0%	75.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

ABERDEEN TERRACE
4029 ABERDEEN
ALTON, IL. 62002

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	210
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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
98.2%	0.0%	0.0%	0.0%	1.8%	100.0%		0.0%
295,146	0	0	0	5,396	300,542	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

Administrator
Philip DeLeon

Contact Person and Telephone
Marilyn Novak
847-729-0000

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	59
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	196	175	148	175	126	70	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	196	175	148	175	126	70	100	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	1256
Total Discharges 2007	1253
Residents on 12/31/2007	126

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	23217	63.6%	0	0.0%	25742	48959	68.4%	76.6%
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%
TOTALS	23217	63.6%	0	0.0%	25742	48959	68.4%	76.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
65 to 74	20	23	0	0	0	0	0	0	20	23	43
75 to 84	11	34	0	0	0	0	0	0	11	34	45
85+	10	8	0	0	0	0	0	0	10	8	18
TOTALS	49	77	0	0	0	0	0	0	49	77	126

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	0	0	4	70	0	126
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
TOTALS	52	0	0	4	70	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

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	39.00
Other Health Staff	4.00
Non-Health Staff	55.00
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
67.2%	0.0%	0.0%	5.0%	27.8%	100.0%		0.0%
10,000,104	0	0	747,348	4,141,350	14,888,802	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

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

Administrator
Dawn C. Cohn

Contact Person and Telephone
Dawn Cohn
847-808-3320

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	11
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	20
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	98	98	98	90	8	88	21
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	31	27	31	25	18		
TOTAL BEDS	141	129	125	129	115	26	88	21

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	118
Total Admissions 2007	93
Total Discharges 2007	96
Residents on 12/31/2007	115

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5085	15.8%	7469	97.4%	20087	32641	91.3%	91.3%
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					8495	8495	54.1%	75.1%
TOTALS	5085	15.8%	7469	97.4%	28582	41136	79.9%	87.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	10	0	0	0	0	3	3	6	13	19
85+	14	61	0	0	0	0	1	18	15	79	94
TOTALS	17	73	0	0	0	0	4	21	21	94	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	19	0	0	59	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	1	25
TOTALS	12	19	0	0	83	1	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	228
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	124	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	25	115
Race Unknown	0	0	0	0	0
Total	90	0	0	25	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	25	115
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	25	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.80
LPN's	7.20
Certified Aides	44.60
Other Health Staff	18.20
Non-Health Staff	89.05
Totals	181.85

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
29.7%	11.8%	0.0%	0.1%	58.4%	100.0%		0.6%
2,325,972	922,007	0	7,652	4,567,857	7,823,488	47,520	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

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

Administrator
Catherine Brookshire

Contact Person and Telephone
Cathy Brookshire
217-786-3109

Date Completed
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	4
Total Discharges 2007	4
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5599	95.9%	0	5599	95.9%	95.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5599	95.9%	0	5599	95.9%	95.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	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	7	8	0	0	7	8	15

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		0	15	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	0	15	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	145	145
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	1.00
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%	91.6%	0.0%	0.0%	8.4%	100.0%		0.0%
0	896,198	0	0	82,437	978,635	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/29/2008

Registered Agent Information
ERICH ROTHNER
2201 MAIN ST
EVANSTON, IL 60202

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	354
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	354

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	417	417	389	417	354	63	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	389	417	354	63	0	417

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	397
Total Admissions 2007	100
Total Discharges 2007	143
Residents on 12/31/2007	354

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	134334	88.3%	4773	139107	91.4%	91.4%
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%
TOTALS	0	0.0%	134334	88.3%	4773	139107	91.4%	91.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	58	28	0	0	0	0	0	0	58	28	86
45 to 59	116	83	0	0	0	0	0	0	116	83	199
60 to 64	14	20	0	0	0	0	0	0	14	20	34
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	201	153	0	0	0	0	0	0	201	153	354

ALBANY CARE
901 MAPLE AVENUE
EVANSTON, IL. 60202

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	349	2	0	3	0	354
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
TOTALS	0	349	2	0	3	0	354

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	9	0	0	0	9
Amer. Indian	2	0	0	0	2
Black	71	0	0	0	71
Hawaiian/Pac. Isl.	0	0	0	0	0
White	272	0	0	0	272
Race Unknown	0	0	0	0	0
Total	354	0	0	0	354

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	339	0	0	0	339
Ethnicity Unknown	0	0	0	0	0
Total	354	0	0	0	354

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	22.00
Certified Aides	57.00
Other Health Staff	42.00
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
0.0%	75.5%	0.6%	0.0%	23.9%	100.0%		0.0%
0	9,882,331	81,660	0	3,129,327	13,093,318	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Joseph L. Plutino

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/29/2008

Registered Agent Information
Kenneth J Fisch
4200 W Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	110	95	90	95	62	48	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	110	95	90	95	62	48	110	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	61
Total Admissions 2007	821
Total Discharges 2007	820
Residents on 12/31/2007	62

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19524	48.6%	962	26.4%	6126	26612	66.3%	76.7%
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	19524	48.6%	962	26.4%	6126	26612	66.3%	76.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	16	46	0	0	0	0	0	0	16	46	62

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	5	0	8	10	0	62
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
TOTALS	39	5	0	8	10	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	278	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	11.63
LPN's	4.42
Certified Aides	27.35
Other Health Staff	2.90
Non-Health Staff	39.68
Totals	85.98

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
82.5%	1.2%	0.0%	9.2%	7.0%	100.0%		0.1%
9,088,527	133,589	0	1,014,702	774,663	11,011,481	13,264	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
Michael Pettinati

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Ave, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
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	9
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	36
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	130	128	130	104	46	75	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	150	130	128	130	104	46	75	59

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	100
Total Admissions 2007	527
Total Discharges 2007	523
Residents on 12/31/2007	104

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13727	50.1%	18547	86.1%	7339	39613	72.4%	83.5%
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	13727	50.1%	18547	86.1%	7339	39613	72.4%	83.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	0	0	0	0	8	1	9
45 to 59	2	8	0	0	0	0	0	0	2	8	10
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	38	66	0	0	0	0	0	0	38	66	104

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	49	0	5	11	0	104
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
TOTALS	39	49	0	5	11	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	357	245
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	1	0	0	0	1
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	1	0	0	0	1
Total	104	0	0	0	104

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	0.00
Non-Health Staff	39.00
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
53.5%	27.1%	1.8%	6.9%	10.6%	100.0%		0.0%
6,094,319	3,084,763	210,010	785,737	1,206,296	11,381,125	0	

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
Colleen Rodney

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/1/2008

Registered Agent Information
Kenneth J Fisch
4200 West Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	42	42	37	42	26	16	42	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	57	57	38	57	36	21		
TOTAL BEDS	99	99	75	99	62	37	42	42

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	443
Total Discharges 2007	440
Residents on 12/31/2007	62

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9117	59.5%	1416	9.2%	1212	11745	76.6%	76.6%
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					12760	12760	61.3%	61.3%
TOTALS	9117	59.5%	1416	9.2%	13972	24505	67.8%	67.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	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	2	5	0	0	0	0	2	7	4	12	16
85+	4	13	0	0	0	0	7	19	11	32	43
TOTALS	8	18	0	0	0	0	9	27	17	45	62

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	3	1	2	0	0	26
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	36	0	36
TOTALS	20	3	1	2	36	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	441	234
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	168	99

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	34	58
Race Unknown	0	0	0	0	0
Total	26	0	0	36	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	36	62
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	36	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.08
LPN's	2.79
Certified Aides	12.16
Other Health Staff	1.62
Non-Health Staff	23.55
Totals	48.20

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
60.9%	2.1%	0.1%	7.7%	29.3%	100.0%		0.0%
3,945,234	139,230	4,369	496,137	1,896,756	6,481,726	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

Administrator
Carrie Groulx

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	70

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	85	96	70	26	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	85	96	70	26	33	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	116
Total Discharges 2007	118
Residents on 12/31/2007	70

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3546	29.4%	17692	50.5%	5641	26879	76.7%	76.7%
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	3546	29.4%	17692	50.5%	5641	26879	76.7%	76.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	3	4	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	23	47	0	0	0	0	0	0	23	47	70

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

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	13	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
TOTALS	10	46	0	1	13	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	178
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

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	16.00
Other Health Staff	2.00
Non-Health Staff	19.00
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
32.6%	44.4%	2.7%	0.5%	19.8%	100.0%		0.0%
1,408,194	1,916,424	115,350	22,453	856,712	4,319,133	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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 Reinhofer
773-286-3883

Date Completed
4/28/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

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	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	67
Non-Medical Conditions	0
TOTALS	71

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	93	80	80	80	71	22	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	80	80	71	22	93	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	847
Total Discharges 2007	838
Residents on 12/31/2007	71

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17190	50.6%	826	22.6%	7272	25288	74.5%	86.6%
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%
TOTALS	17190	50.6%	826	22.6%	7272	25288	74.5%	86.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	22	49	0	0	0	0	0	0	22	49	71

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

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

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	3	0	8	16	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
TOTALS	44	3	0	8	16	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	280
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.98
LPN's	1.54
Certified Aides	19.26
Other Health Staff	4.14
Non-Health Staff	28.43
Totals	63.35

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
77.4%	0.8%	0.0%	8.5%	13.3%	100.0%		0.0%
8,087,244	82,325	-44	888,289	1,386,577	10,444,391	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Melissa Allison

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/5/2008

Registered Agent Information
Kenneth J. Fisch
4200 W Peterson Ave., Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	4
Total Discharges 2007	2
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5128	87.8%	347	5475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5128	87.8%	347	5475	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	1	3	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	9	0	0	6	9	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		14	0	1	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	1	0	0	15

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.01
LPN's	0.00
Certified Aides	6.72
Other Health Staff	3.00
Non-Health Staff	0.90
Totals	11.63

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
0.0%	89.2%	0.0%	0.0%	10.8%	100.0%		0.0%
0	1,040,768	0	0	126,506	1,167,274	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Melissa Allison

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/5/2008

Registered Agent Information
Kenneth J. Fisch
4200 W Peterson Ave, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5788	99.1%	0	5788	99.1%	99.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5788	99.1%	0	5788	99.1%	99.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	6	5	11
45 to 59	0	0	0	0	2	0	0	0	2	0	2
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	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	224
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.82
LPN's	0.00
Certified Aides	7.52
Other Health Staff	3.11
Non-Health Staff	0.71
Totals	14.16

NET REVENUE BY PAYOR SOURCE (Fiscal 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	1,308,406	0	0	0	1,308,406	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

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

Administrator
Nora Tabron

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/22/2008

Registered Agent Information
Kenneth J Fisch
4200 West Peterson Suite 140

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Circulatory System	0
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	44
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	89	99	66	33	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	89	99	66	33	99	40

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	674
Total Discharges 2007	665
Residents on 12/31/2007	66

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11737	32.5%	5721	39.2%	9639	27097	75.0%	75.0%
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	11737	32.5%	5721	39.2%	9639	27097	75.0%	75.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	27	39	0	0	0	0	0	0	27	39	66

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

Reference Numbers Facility ID 6014773
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	18	24	0	8	16	0	66
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
TOTALS	18	24	0	8	16	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.48
LPN's	4.67
Certified Aides	16.76
Other Health Staff	4.79
Non-Health Staff	32.70
Totals	68.40

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
61.5%	7.8%	0.3%	13.3%	17.1%	100.0%		0.0%
5,000,456	631,188	26,632	1,079,595	1,393,711	8,131,582	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
Melissa Allison

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/5/2008

Registered Agent Information
Kenneth J Fisch
4200 W Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	3
Total Admissions 2007	14
Total Discharges 2007	3
Residents on 12/31/2007	14

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4240	72.6%	0	4240	72.6%	72.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4240	72.6%	0	4240	72.6%	72.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	8	0	0	6	8	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

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		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	204
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	2	0	2
Total	0	0	14	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.65
Certified Aides	7.16
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	11.81

NET REVENUE BY PAYOR SOURCE (Fiscal 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	752,490	0	0	0	752,490	0	

FACILITY NOTES

Name Change	2/6/2007	Name changed from Alden Trails II.

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
Lesley White

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/23/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	18
Mental Illness	4
Developmental Disability	1
Circulatory System	35
Respiratory System	8
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	84
Non-Medical Conditions	0
TOTALS	179

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	316	256	187	256	179	137	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	256	187	256	179	137	316	316

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	166
Total Admissions 2007	252
Total Discharges 2007	239
Residents on 12/31/2007	179

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7139	6.2%	45715	39.6%	9058	61912	53.7%	66.3%
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%
TOTALS	7139	6.2%	45715	39.6%	9058	61912	53.7%	66.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	21	39	0	0	0	0	0	0	21	39	60
85+	16	63	0	0	0	0	0	0	16	63	79
TOTALS	54	125	0	0	0	0	0	0	54	125	179

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	127	2	1	28	0	179
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
TOTALS	21	127	2	1	28	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.68
LPN's	6.07
Certified Aides	28.84
Other Health Staff	2.00
Non-Health Staff	32.58
Totals	84.17

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
28.9%	50.1%	5.1%	1.6%	14.3%	100.0%		0.0%
2,703,734	4,680,006	473,438	152,530	1,332,135	9,341,843	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
Melissa Allison

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/5/2008

Registered Agent Information
Kenneth J. Fisch
4200 W Peterson Ave, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	5
Residents on 12/31/2007	13

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5319	91.1%	0	5319	91.1%	91.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5319	91.1%	0	5319	91.1%	91.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	0	0	6	7	13

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	202
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.26
Certified Aides	6.15
Other Health Staff	4.00
Non-Health Staff	0.71
Totals	12.12

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,145,024	0	0	0	1,145,024	0	

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
Maryann Mahlman

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Ave. Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	109	109	105	109	99	10		109
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	105	109	99	10	0	109

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	104
Total Admissions 2007	28
Total Discharges 2007	33
Residents on 12/31/2007	99

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			36766	92.4%	105	36871	92.7%	92.7%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	36766	92.4%	105	36871	92.7%	92.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	22	8	0	0	0	0	22	8	30
18 to 44	0	0	35	26	0	0	0	0	35	26	61
45 to 59	0	0	2	6	0	0	0	0	2	6	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	59	40	0	0	0	0	59	40	99

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	99	0	0	0	0	99
ICF/DD		0	0	0	0	0	0
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	191
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	2	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	30	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	50	0	0	50
Race Unknown	0	17	0	0	17
Total	0	99	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	11	0	0	11
Non-Hispanic	0	71	0	0	71
Ethnicity Unknown	0	17	0	0	17
Total	0	99	0	0	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.15
LPN's	3.20
Certified Aides	53.64
Other Health Staff	0.00
Non-Health Staff	20.23
Totals	86.22

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
0.0%	97.5%	2.3%	0.0%	0.3%	100.0%		0.0%
0	7,302,336	170,158	0	19,092	7,491,586	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
SUSANNE HUXEL

Contact Person and Telephone

773-286-3883

Date Completed
4/29/2008

Registered Agent Information
LAW OFFICE OF ABRAHAM GUTNICKI
8320 N. SKOKIE BLVD
SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	88
Circulatory System	0
Respiratory System	0
Digestive System	0
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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	150	150	150	150	88	62		150
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	150	150	88	62	0	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	279
Total Discharges 2007	283
Residents on 12/31/2007	88

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			33330	60.9%	762	34092	62.3%	62.3%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	33330	60.9%	762	34092	62.3%	62.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	20	16	0	0	0	0	20	16	36
18 to 44	0	0	31	13	0	0	0	0	31	13	44
45 to 59	0	0	4	4	0	0	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	55	33	0	0	0	0	55	33	88

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	88	0	0	0	0	88
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	88	0	0	0	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	188
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	34	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	45	0	0	45
Race Unknown	0	8	0	0	8
Total	0	88	0	0	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	8	0	0	8
Non-Hispanic	0	80	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	0	88	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	7.00
Certified Aides	40.00
Other Health Staff	20.00
Non-Health Staff	46.00
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%	98.2%	0.0%	1.8%	0.0%	100.0%		0.0%
0	7,627,024	0	138,466	1,881	7,767,371	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ALDEN-ALMA NELSON MANOR
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

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

Administrator
Sherry Gillihan

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information
Kenneth J Fisch
4200 W. Peterson Ave Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	30
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	4
Circulatory System	32
Respiratory System	9
Digestive System	15
Genitourinary System Disorders	23
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	179

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	268	268	194	268	179	89	128	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	268	194	268	179	89	128	268

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	204
Total Admissions 2007	516
Total Discharges 2007	541
Residents on 12/31/2007	179

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11258	24.1%	48516	49.6%	7185	66959	68.5%	68.5%
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	11258	24.1%	48516	49.6%	7185	66959	68.5%	68.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	9	8	0	0	0	0	0	0	9	8	17
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	13	20	0	0	0	0	0	0	13	20	33
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	6	53	0	0	0	0	0	0	6	53	59
TOTALS	51	128	0	0	0	0	0	0	51	128	179

ALDEN-ALMA NELSON MANOR
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	125	0	7	12	0	179
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
TOTALS	35	125	0	7	12	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	2	0	0	0	2
Total	179	0	0	0	179

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	2	0	0	0	2
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.81
LPN's	15.04
Certified Aides	36.58
Other Health Staff	4.00
Non-Health Staff	40.75
Totals	105.18

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
40.7%	41.3%	3.0%	8.0%	7.1%	100.0%		0.0%
4,280,650	4,341,652	310,878	839,187	742,733	10,515,100	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ALDEN-LAKELAND REHAB & CARE CR
820 WEST LAWRENCE
CHICAGO, IL. 60040

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

Administrator
Fred Green

Contact Person and Telephone
Chris Reinhofer
773-286-6622 ext. 534

Date Completed
5/2/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Ave. Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	60
Mental Illness	54
Developmental Disability	0
Circulatory System	30
Respiratory System	27
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	17
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	207

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	247	229	247	207	93	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	247	229	247	207	93	187	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	203
Total Admissions 2007	596
Total Discharges 2007	592
Residents on 12/31/2007	207

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5221	7.6%	67521	61.7%	5547	78289	71.5%	86.8%
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	5221	7.6%	67521	61.7%	5547	78289	71.5%	86.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	15	6	21
45 to 59	29	23	0	0	0	0	0	0	29	23	52
60 to 64	9	13	0	0	0	0	0	0	9	13	22
65 to 74	21	22	0	0	0	0	0	0	21	22	43
75 to 84	21	23	0	0	0	0	0	0	21	23	44
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	101	106	0	0	0	0	0	0	101	106	207

ALDEN-LAKELAND REHAB & CARE CR
820 WEST LAWRENCE
CHICAGO, IL. 60040

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

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	179	0	12	4	0	207
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
TOTALS	12	179	0	12	4	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	231
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	57	0	0	0	57
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	25	0	0	0	25
Total	207	0	0	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	25	0	0	0	25
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.10
LPN's	15.90
Certified Aides	37.30
Other Health Staff	31.60
Non-Health Staff	10.70
Totals	114.60

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
16.2%	68.6%	0.8%	11.8%	2.7%	100.0%		0.0%
1,968,573	8,353,037	100,100	1,431,687	324,553	12,177,950	2,500	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
Maria Rosete

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/25/2008

Registered Agent Information
Kenneth J Fisch
4200 W Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	20
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	3
Mental Illness	23
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	25
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	166

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	248	180	175	180	166	82	116	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	180	175	180	166	82	116	248

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	153
Total Admissions 2007	280
Total Discharges 2007	267
Residents on 12/31/2007	166

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6354	15.0%	47028	52.0%	6790	60172	66.5%	91.6%
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%
TOTALS	6354	15.0%	47028	52.0%	6790	60172	66.5%	91.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	0	0	0	0	0	0	7	9	16
45 to 59	11	11	0	0	0	0	0	0	11	11	22
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	16	9	0	0	0	0	0	0	16	9	25
75 to 84	15	32	0	0	0	0	0	0	15	32	47
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	59	107	0	0	0	0	0	0	59	107	166

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	130	2	2	14	0	166
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
TOTALS	18	130	2	2	14	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	229
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	160	0	0	0	160
Race Unknown	1	0	0	0	1
Total	166	0	0	0	166

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	1	0	0	0	1
Total	166	0	0	0	166

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	36.00
Other Health Staff	1.00
Non-Health Staff	49.00
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
27.1%	58.7%	1.5%	3.9%	8.7%	100.0%		1.4%
2,562,858	5,550,696	144,337	369,394	822,993	9,450,278	128,164	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ALDEN-NAPERVILLE REHAB & CARE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

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

Administrator
Clara Leonard

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/1/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Ave. Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	31
Blood Disorders	0
*Nervous System Non Alzheimer	42
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	2
Circulatory System	21
Respiratory System	24
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	165	176	148	55	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	165	176	148	55	203	203

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	162
Total Admissions 2007	155
Total Discharges 2007	169
Residents on 12/31/2007	148

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3322	4.5%	46787	63.1%	5116	55225	74.5%	74.5%
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	3322	4.5%	46787	63.1%	5116	55225	74.5%	74.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	12	6	0	0	0	0	0	0	12	6	18
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	11	33	0	0	0	0	0	0	11	33	44
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	48	100	0	0	0	0	0	0	48	100	148

ALDEN-NAPERVILLE REHAB & CARE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	124	3	0	11	0	148
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
TOTALS	10	124	3	0	11	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	1	0	0	0	1
Total	148	0	0	0	148

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	1	0	0	0	1
Total	148	0	0	0	148

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	7.50
LPN's	5.81
Certified Aides	23.69
Other Health Staff	3.04
Non-Health Staff	40.63
Totals	81.67

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
15.9%	68.8%	4.2%	1.1%	9.9%	100.0%		0.2%
1,249,780	5,394,755	333,244	88,574	778,318	7,844,671	13,024	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

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

Administrator
Rosalinda Tolentino

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/23/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Avenue #140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	39
Blood Disorders	12
*Nervous System Non Alzheimer	13
Alzheimer Disease	35
Mental Illness	2
Developmental Disability	0
Circulatory System	45
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	178

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	186	198	178	20	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	186	198	178	20	198	198

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	168
Total Admissions 2007	308
Total Discharges 2007	298
Residents on 12/31/2007	178

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9066	12.5%	47750	66.1%	7909	64725	89.6%	89.6%
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%
TOTALS	9066	12.5%	47750	66.1%	7909	64725	89.6%	89.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	6	0	0	0	0	0	0	9	6	15
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	18	40	0	0	0	0	0	0	18	40	58
85+	9	60	0	0	0	0	0	0	9	60	69
TOTALS	52	126	0	0	0	0	0	0	52	126	178

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	136	0	4	19	0	178
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
TOTALS	19	136	0	4	19	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	282	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	2	0	0	0	2
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	4	0	0	0	4
Total	178	0	0	0	178

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	4	0	0	0	4
Total	178	0	0	0	178

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	30.00
Other Health Staff	7.00
Non-Health Staff	26.00
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
32.2%	49.0%	1.1%	3.6%	14.0%	100.0%		0.0%
3,739,773	5,683,445	129,848	421,840	1,625,316	11,600,222	-5,890	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALDEN-ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60462

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

Administrator
Scott Mow

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/29/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Ave. Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	7
Digestive System	10
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	17
Other Medical Conditions	76
Non-Medical Conditions	0
TOTALS	154

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	167	160	167	154	46	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	167	160	167	154	46	200	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	144
Total Admissions 2007	809
Total Discharges 2007	799
Residents on 12/31/2007	154

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	21998	30.1%	14555	19.9%	16730	53283	73.0%	87.4%
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%
TOTALS	21998	30.1%	14555	19.9%	16730	53283	73.0%	87.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	15	0	0	0	0	0	0	1	15	16
75 to 84	22	41	0	0	0	0	0	0	22	41	63
85+	8	64	0	0	0	0	0	0	8	64	72
TOTALS	31	123	0	0	0	0	0	0	31	123	154

ALDEN-ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60462

Reference Numbers Facility ID 6014922
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	66	42	0	6	40	0	154
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
TOTALS	66	42	0	6	40	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	234
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	51.00
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
61.1%	9.4%	2.0%	5.6%	21.9%	100.0%		0.0%
9,265,167	1,424,413	300,207	849,017	3,321,694	15,160,498	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

Administrator
Georgette Parent

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	14
Developmental Disability	0
Circulatory System	10
Respiratory System	21
Digestive System	11
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	11
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	141

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	175	148	175	141	48	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	175	148	175	141	48	189	189

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	138
Total Discharges 2007	120
Residents on 12/31/2007	141

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3028	4.4%	42375	61.4%	1618	47021	68.2%	73.6%
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%
TOTALS	3028	4.4%	42375	61.4%	1618	47021	68.2%	73.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	7	6	13
45 to 59	11	9	0	0	0	0	0	0	11	9	20
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	12	29	0	0	0	0	0	0	12	29	41
85+	10	18	0	0	0	0	0	0	10	18	28
TOTALS	53	88	0	0	0	0	0	0	53	88	141

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	128	0	3	4	0	141
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
TOTALS	6	128	0	3	4	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.79
LPN's	11.09
Certified Aides	27.96
Other Health Staff	8.65
Non-Health Staff	21.88
Totals	75.37

NET REVENUE BY PAYOR 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%	68.9%	5.2%	3.9%	5.0%	100.0%		0.0%
1,074,252	4,360,747	330,362	246,435	317,539	6,329,335	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194

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

Administrator
Greg Nienaber

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	24
Alzheimer Disease	16
Mental Illness	17
Developmental Disability	2
Circulatory System	28
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	49
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	174

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	217	196	182	196	174	43	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	196	182	196	174	43	217	217

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	167
Total Admissions 2007	381
Total Discharges 2007	374
Residents on 12/31/2007	174

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12034	15.2%	40698	51.4%	7306	60038	75.8%	83.9%
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	12034	15.2%	40698	51.4%	7306	60038	75.8%	83.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	14	0	0	0	0	0	0	5	14	19
75 to 84	12	53	0	0	0	0	0	0	12	53	65
85+	10	61	0	0	0	0	0	0	10	61	71
TOTALS	37	137	0	0	0	0	0	0	37	137	174

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	105	0	4	22	0	174
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
TOTALS	43	105	0	4	22	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	214
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	2	0	0	0	2
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

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	42.00
Other Health Staff	0.00
Non-Health Staff	47.00
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
43.1%	38.6%	2.6%	5.4%	10.3%	100.0%		0.0%
5,030,412	4,509,055	298,820	635,080	1,201,409	11,674,776	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Marcelino H. Villafania

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
4/27/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Blood Disorders	9
*Nervous System Non Alzheimer	16
Alzheimer Disease	5
Mental Illness	48
Developmental Disability	1
Circulatory System	19
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	161

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	225	225	178	225	161	64	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	225	178	225	161	64	225	225

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	236
Total Discharges 2007	198
Residents on 12/31/2007	161

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4536	5.5%	46283	56.4%	557	51376	62.6%	62.6%
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%
TOTALS	4536	5.5%	46283	56.4%	557	51376	62.6%	62.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	0	0	0	0	0	0	10	10	20
45 to 59	22	19	0	0	0	0	0	0	22	19	41
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	19	3	0	0	0	0	0	0	19	3	22
75 to 84	19	21	0	0	0	0	0	0	19	21	40
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	80	81	0	0	0	0	0	0	80	81	161

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	156	0	0	1	0	161
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
TOTALS	4	156	0	0	1	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	149	0	0	0	149
Hawaiian/Pac. Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

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	25.00
Other Health Staff	5.00
Non-Health Staff	32.00
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
25.5%	73.8%	0.9%	0.3%	0.0%	100.5%		0.0%
1,667,682	4,821,793	56,048	22,323	-33,580	6,534,266	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Michael Stoudt

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	49
Alzheimer Disease	11
Mental Illness	12
Developmental Disability	0
Circulatory System	32
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	16
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	187

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	249	249	198	249	187	62	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	249	198	249	187	62	249	249

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	179
Total Admissions 2007	203
Total Discharges 2007	195
Residents on 12/31/2007	187

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6784	7.5%	52100	57.3%	6106	64990	71.5%	71.5%
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	6784	7.5%	52100	57.3%	6106	64990	71.5%	71.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	10	14	0	0	0	0	0	0	10	14	24
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	14	44	0	0	0	0	0	0	14	44	58
85+	15	40	0	0	0	0	0	0	15	40	55
TOTALS	61	126	0	0	0	0	0	0	61	126	187

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	149	0	8	12	0	187
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
TOTALS	18	149	0	8	12	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	277	258
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	4	0	0	0	4
Total	187	0	0	0	187

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	40	0	0	0	40
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	4	0	0	0	4
Total	187	0	0	0	187

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.70
LPN's	11.86
Certified Aides	29.01
Other Health Staff	6.41
Non-Health Staff	36.13
Totals	93.11

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
27.9%	56.9%	2.4%	5.4%	7.3%	100.0%		0.0%
2,911,953	5,935,551	252,576	564,793	760,909	10,425,782	0	

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
Donald L. Dalicandro

Contact Person and Telephone
Chris Reinhofer
773 286-3883

Date Completed
3/28/2008

Registered Agent Information
Kenneth J. Fisch
4200 W Peterson Avenue, Suite 140

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	8
*Nervous System Non Alzheimer	10
Alzheimer Disease	60
Mental Illness	6
Developmental Disability	0
Circulatory System	4
Respiratory System	16
Digestive System	13
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	12
TOTALS	176

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	207	207	176	31	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	207	207	176	31	207	207

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	168
Total Admissions 2007	217
Total Discharges 2007	209
Residents on 12/31/2007	176

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6345	8.4%	48125	63.7%	7387	61857	81.9%	81.9%
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	6345	8.4%	48125	63.7%	7387	61857	81.9%	81.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	2	8	10
45 to 59	10	8	0	0	0	0	0	0	10	8	18
60 to 64	11	6	0	0	0	0	0	0	11	6	17
65 to 74	13	22	0	0	0	0	0	0	13	22	35
75 to 84	14	32	0	0	0	0	0	0	14	32	46
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	56	120	0	0	0	0	0	0	56	120	176

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	140	1	4	18	0	176
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
TOTALS	13	140	1	4	18	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	1	0	0	0	1
Total	176	0	0	0	176

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	1	0	0	0	1
Total	176	0	0	0	176

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.75
LPN's	8.15
Certified Aides	27.26
Other Health Staff	19.00
Non-Health Staff	20.28
Totals	85.44

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
27.7%	52.6%	4.6%	4.3%	10.7%	100.0%		0.0%
2,646,212	5,034,757	441,683	413,397	1,027,497	9,563,546	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
LYNNETTE TORRES

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Avenue

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	52
Blood Disorders	8
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	55
Developmental Disability	0
Circulatory System	66
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	4
TOTALS	226

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	260	226	260	226	74	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	260	226	260	226	74	300	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	215
Total Admissions 2007	266
Total Discharges 2007	255
Residents on 12/31/2007	226

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3298	3.0%	74880	68.4%	1476	79654	72.7%	83.9%
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	3298	3.0%	74880	68.4%	1476	79654	72.7%	83.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	43	27	0	0	0	0	0	0	43	27	70
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	25	16	0	0	0	0	0	0	25	16	41
75 to 84	25	15	0	0	0	0	0	0	25	15	40
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	129	97	0	0	0	0	0	0	129	97	226

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	207	2	1	4	0	226
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
TOTALS	12	207	2	1	4	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	218	0	0	0	218
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	226	0	0	0	226

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	6	0	0	0	6
Total	226	0	0	0	226

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.69
LPN's	16.48
Certified Aides	36.73
Other Health Staff	9.32
Non-Health Staff	34.27
Totals	101.49

NET REVENUE BY PAYOR 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%	83.0%	0.9%	0.4%	0.3%	100.0%		0.0%
1,317,929	7,146,199	76,440	34,955	29,825	8,605,348	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Aledo Rehab. & Health Care Center
304 S.W. 12th Street
ALEDO, IL. 61231

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

Administrator
Shaila Hart

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/25/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	29
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	34
Non-Medical Conditions	0
TOTALS	63

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	63	80	63	17	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	63	80	63	17	80	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	44
Total Discharges 2007	31
Residents on 12/31/2007	63

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	916	3.1%	11753	40.3%	6670	19339	66.2%	66.2%
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%
TOTALS	916	3.1%	11753	40.3%	6670	19339	66.2%	66.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	7	3	0	0	0	0	0	0	7	3	10
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	19	44	0	0	0	0	0	0	19	44	63

Aledo Rehab. & Health Care Center
304 S.W. 12th Street
ALEDO, IL. 61231

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	37	0	0	22	0	63
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
TOTALS	4	37	0	0	22	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	28.00
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
19.1%	45.4%	0.0%	0.0%	35.6%	100.0%		0.0%
408,882	973,624	0	0	763,096	2,145,602	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
618-488-3565

Date Completed
4/18/2008

Registered Agent Information
Dede A. Weder
11501 Brothers lane, PO Box 41

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	7
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	60	84	50	34	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	60	84	50	34	0	84

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	56
Total Admissions 2007	44
Total Discharges 2007	50
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1447	0.0%	12496	40.8%	5842	19785	64.5%	64.5%
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	1447	0.0%	12496	40.8%	5842	19785	64.5%	64.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	8	10	0	0	0	0	0	0	8	10	18
TOTALS	22	28	0	0	0	0	0	0	22	28	50

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

Reference Numbers Facility ID 6004014
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	4	30	0	0	16	0	50
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
TOTALS	4	30	0	0	16	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
19.7%	35.0%	0.0%	1.2%	44.1%	100.0%		0.0%
487,868	864,603	0	29,988	1,090,368	2,472,828	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Philip Morgenstein

Contact Person and Telephone
Jeffrey Webster
847-679-2121

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	61
Developmental Disability	0
Circulatory System	8
Respiratory System	13
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	144	144	144	144	137	7	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	144	144	137	7	0	144

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	83
Total Discharges 2007	82
Residents on 12/31/2007	137

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	49873	94.9%	0	49873	94.9%	94.9%
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	0	0.0%	49873	94.9%	0	49873	94.9%	94.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	3	0	0	0	0	0	0	27	3	30
45 to 59	50	14	0	0	0	0	0	0	50	14	64
60 to 64	11	3	0	0	0	0	0	0	11	3	14
65 to 74	10	5	0	0	0	0	0	0	10	5	15
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	107	30	0	0	0	0	0	0	107	30	137

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	137	0	0	0	0	137
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
TOTALS	0	137	0	0	0	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pac. Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	38.00
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
0.0%	99.7%	0.0%	0.0%	0.3%	100.0%		0.0%
0	5,222,403	0	0	16,880	5,239,283	0	

ALL FAITH PAVILION
3500 South Giles Avenue
Chicago, IL. 60653

Reference Numbers Facility ID 6010011
Health Service Area 006 Planning Service Area 603

Administrator
Debra Brown

Contact Person and Telephone
Debra Brown
312-326-2000

Date Completed
7/10/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	12
Blood Disorders	2
*Nervous System Non Alzheimer	56
Alzheimer Disease	49
Mental Illness	26
Developmental Disability	5
Circulatory System	7
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	186

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	201	245	186	59	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	245	245	201	245	186	59	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	154
Total Admissions 2007	298
Total Discharges 2007	266
Residents on 12/31/2007	186

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3255	0.0%	46137	0.0%	2091	51483	57.6%	57.6%
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%
TOTALS	3255	0.0%	46137	0.0%	2091	51483	57.6%	57.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	18	6	24
45 to 59	15	10	0	0	0	0	0	0	15	10	25
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	12	17	0	0	0	0	0	0	12	17	29
75 to 84	20	28	0	0	0	0	0	0	20	28	48
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	80	106	0	0	0	0	0	0	80	106	186

ALL FAITH PAVILION
3500 South Giles Avenue
Chicago, IL. 60653

Reference Numbers Facility ID 6010011
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	169	5	0	3	0	186
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
TOTALS	9	169	5	0	3	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	171	0	0	0	171
Hawaiian/Pac. Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	3	0	0	0	3
Total	186	0	0	0	186

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	32.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	57.00
Totals	154.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.1%	77.8%	0.0%	0.0%	2.0%	100.0%		0.0%
1,058,252	4,095,359	0	1,215	107,637	5,262,463	0	

FACILITY NOTES

Name Change	10/31/2007	Name changed from "William L. Dawson Nursing Home".

ALLEN COURT
1650 EAST MAIN STREET
CLINTON, IL. 61727

Reference Numbers Facility ID 6011449
Health Service Area 004 Planning Service Area 039

Administrator
Terri Dawson

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5780	99.0%	0	5780	99.0%	99.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5780	99.0%	0	5780	99.0%	99.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	1	2	3
60 to 64	0	0	0	0	3	1	0	0	3	1	4
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	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ALLEN COURT
1650 EAST MAIN STREET
CLINTON, IL. 61727

Reference Numbers Facility ID 6011449
Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
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%	82.2%	0.0%	0.0%	17.8%	100.0%		0.0%
0	542,774	0	0	117,753	660,527	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Alpha Community House
1701-18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6000111
Health Service Area 004 Planning Service Area 029

Administrator
Joshua Rieman

Contact Person and Telephone
Joshua Rieman
217-345-4224

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5386	98.4%	0	5386	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5386	98.4%	0	5386	98.4%	98.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	0	0	8	7	15

Alpha Community House
1701-18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6000111
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	127	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.58

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	24.3%	0.0%	0.0%	100.0%		0.0%
0	483,699	155,393	0	0	639,092	0	

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
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
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	2
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	1
Circulatory System	26
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	82

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	66	61	66	50	16	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	33	33	32	1		
TOTAL BEDS	99	99	94	99	82	17	32	66

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	124
Total Discharges 2007	124
Residents on 12/31/2007	82

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2366	20.3%	7714	32.0%	9311	19391	80.5%	80.5%
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					11428	11428	94.9%	94.9%
TOTALS	2366	20.3%	7714	32.0%	20739	30819	85.3%	85.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	1	4	4	12	16
85+	4	35	0	0	0	0	9	18	13	53	66
TOTALS	7	43	0	0	0	0	10	22	17	65	82

ALPINE FIRESIDE HEALTH CENTER
3650 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6000129
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	20	0	1	24	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	2	30	0	32
TOTALS	5	20	0	3	54	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	125	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	32	80
Race Unknown	0	0	0	0	0
Total	50	0	0	32	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	50	0	0	32	82
Total	50	0	0	32	82

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	1.00
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
13.3%	19.9%	0.0%	5.3%	61.5%	100.0%		0.0%
487,786	730,979	0	196,497	2,259,704	3,674,966	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALSHORE HOUSE
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 601

Administrator
PAMELA SOLOMON

Contact Person and Telephone
NELLIE SAHAGUN
773-561-2040

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	19
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	48	48	48	48	44	4	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	44	4	0	48

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	43
Total Admissions 2007	32
Total Discharges 2007	31
Residents on 12/31/2007	44

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14037	80.1%	1251	15288	87.3%	87.3%
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%
TOTALS	0	0.0%	14037	80.1%	1251	15288	87.3%	87.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	13	31	0	0	0	0	0	0	13	31	44

ALSHORE HOUSE
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	40	0	0	4	0	44
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
TOTALS	0	40	0	0	4	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	13.00
Other Health Staff	5.00
Non-Health Staff	5.00
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
0.0%	91.0%	0.0%	0.0%	9.0%	100.0%		0.0%
0	1,493,386	0	0	147,472	1,640,858	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Diane Tebbe
618-465-0044 (X1601)

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	3	5	8
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	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

Reference Numbers Facility ID 6012397
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	217	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.40
Totals	12.18

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%	84.2%	15.4%	0.0%	0.3%	100.0%		0.0%
0	533,667	97,872	0	2,093	633,632	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALTON MEMORIAL HOSP-HATCH UNIT
ONE MEMORIAL DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6000152
Health Service Area 011 Planning Service Area 119

Administrator
Dave Braasch

Contact Person and Telephone
Monica Blumenberg RN
618-463-7140

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

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	5
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	28	24	24	24	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	24	24	24	17	11	28	28

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	18
Total Admissions 2007	537
Total Discharges 2007	538
Residents on 12/31/2007	17

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	384	3.8%	10	0.1%	163	557	5.5%	6.4%
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%
TOTALS	384	3.8%	10	0.1%	163	557	5.5%	6.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	7	10	0	0	0	0	0	0	7	10	17

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ALTON MEMORIAL HOSP-HATCH UNIT
ONE MEMORIAL DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6000152
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	10	1	0	6	0	0	17
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
TOTALS	10	1	0	6	0	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	619	412
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	1	0	0	0	1
Total	17	0	0	0	17

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	16	0	0	0	16
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	3.00
Non-Health Staff	0.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ALVIN EADES CENTER
1000A WEST MICHIGAN
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013668
Health Service Area 003 Planning Service Area 137

Administrator
Deborah Norris

Contact Person and Telephone
Deborah Norris
217-245-9898

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5764	98.7%	0	5764	98.7%	98.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5764	98.7%	0	5764	98.7%	98.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

ALVIN EADES CENTER
1000A WEST MICHIGAN
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013668
Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.60
Other Health Staff	1.70
Non-Health Staff	2.30
Totals	12.60

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%	83.3%	16.7%	0.0%	0.0%	100.0%		0.0%
0	566,323	113,239	0	0	679,562	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

AMBASSADOR NURSING CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000186
Health Service Area 006 Planning Service Area 601

Administrator
Patricia Correa

Contact Person and Telephone
Patricia Correa
773-583-7130

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	15
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	11
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	190	190	139	139	108	82	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	139	139	108	82	190	190

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	121
Total Discharges 2007	141
Residents on 12/31/2007	108

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3634	5.2%	37895	54.6%	2453	43982	63.4%	63.4%
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%
TOTALS	3634	5.2%	37895	54.6%	2453	43982	63.4%	63.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	18	12	0	0	0	0	0	0	18	12	30
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	14	9	0	0	0	0	0	0	14	9	23
75 to 84	12	14	0	0	0	0	0	0	12	14	26
85+	7	7	0	0	0	0	0	0	7	7	14
TOTALS	63	45	0	0	0	0	0	0	63	45	108

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AMBASSADOR NURSING CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000186
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	89	3	1	4	0	108
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
TOTALS	11	89	3	1	4	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	3	0	0	0	3
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	35	0	0	0	35
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

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	29.00
Other Health Staff	4.00
Non-Health Staff	49.00
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
22.8%	73.0%	0.2%	0.5%	3.5%	100.0%		0.0%
1,467,716	4,689,159	10,772	33,115	225,888	6,426,650	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AMBERWOOD CARE CENTRE
2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

Administrator
Julie Logan

Contact Person and Telephone
Julie Logan
815-964-2200

Date Completed
6/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	20
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	162	155	101	155	80	82	19	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	155	101	155	80	82	19	162

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	132
Total Discharges 2007	131
Residents on 12/31/2007	80

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4171	60.1%	21966	37.1%	5449	31586	53.4%	55.8%
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	4171	60.1%	21966	37.1%	5449	31586	53.4%	55.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
65 to 74	8	14	0	0	0	0	0	0	8	14	22
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	31	49	0	0	0	0	0	0	31	49	80

AMBERWOOD CARE CENTRE
2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	56	0	5	8	0	80
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
TOTALS	11	56	0	5	8	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	36.00
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
35.6%	47.3%	0.0%	4.0%	13.0%	100.0%		0.0%
1,640,907	2,179,484	0	186,280	597,286	4,603,957	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AMBOY NURSING ACQUISITION & MANAGEMENT
15 WEST WASSON ROAD
AMBOY, IL. 61310

Reference Numbers Facility ID 6005730
Health Service Area 001 Planning Service Area 103

Administrator
Nicole Neustadt

Contact Person and Telephone
Suzanne E Egan
815-857-2550

Date Completed
5/5/2008

Registered Agent Information
National Registered Agents
200 W Adams Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	97	55	97	54	43	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	55	97	54	43	97	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	66
Total Discharges 2007	64
Residents on 12/31/2007	54

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2452	6.9%	11746	33.2%	4427	18625	52.6%	52.6%
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%
TOTALS	2452	6.9%	11746	33.2%	4427	18625	52.6%	52.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	19	35	0	0	0	0	0	0	19	35	54

AMBOY NURSING ACQUISITION & MANAGEMENT
15 WEST WASSON ROAD
AMBOY, IL. 61310

Reference Numbers Facility ID 6005730
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	26	0	0	15	0	54
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
TOTALS	13	26	0	0	15	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	1	0	0	0	1
Total	54	0	0	0	54

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	25.00
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
28.1%	29.2%	0.0%	0.0%	42.7%	100.0%		0.0%
634,770	658,770	0	0	964,067	2,257,608	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/26/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	4
Total Discharges 2007	4
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5644	96.6%	0	5644	96.6%	96.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5644	96.6%	0	5644	96.6%	96.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	2	0	0	1	2	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	6	10	0	0	6	10	16

AMBOY TERRACE
200 WEST HAWLEY
AMBOY, IL. 61310

Reference Numbers Facility ID 6012801
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	172	164
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	1.00
Certified Aides	13.50
Other Health Staff	1.50
Non-Health Staff	2.00
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%	11.7%	88.3%	0.0%	0.0%	100.0%		0.0%
0	112,148	845,203	0	0	957,351	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

Reference Numbers Facility ID 6013387
Health Service Area 002 Planning Service Area 143

Administrator
Edith B. Morris

Contact Person and Telephone
Edith Morris
309-691-3123

Date Completed
5/1/2008

Registered Agent Information
Roy Ricketts
1913 W. Townline Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1424	97.5%	0	1424	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	4	0	0	0	4	0	4

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

Reference Numbers Facility ID 6013387
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	201	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	3.80
Totals	6.80

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%	83.9%	0.4%	0.0%	15.7%	100.0%		0.0%
0	182,610	879	0	34,055	217,544	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ANNA HOSPITAL CORPORATION
517 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
Tammy Samuels
618-833-4511 ext. 4297

Date Completed
5/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
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	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	22	22	22	22	22	0	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	22	22	22	0	0	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	21
Total Admissions 2007	7
Total Discharges 2007	6
Residents on 12/31/2007	22

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	2179	59.7%	5489	7668	95.5%	95.5%
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	0	0.0%	2179	59.7%	5489	7668	95.5%	95.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	2	20	0	0	0	0	0	0	2	20	22

ANNA HOSPITAL CORPORATION
517 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID 6009492
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	6	0	0	16	0	22
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
TOTALS	0	6	0	0	16	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	0	22

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	1.00
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%	28.1%	0.0%	0.0%	71.9%	100.0%		0.0%
0	260,876	0	0	668,722	929,598	0	

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/24/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	5
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	6

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2030	92.7%	0	2030	92.7%	92.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2030	92.7%	0	2030	92.7%	92.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	6	0	0	0	6	0	6

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013775
Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.25
Non-Health Staff	1.00
Totals	7.80

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%	90.8%	0.0%	0.0%	9.2%	100.0%		0.0%
0	337,045	0	0	34,191	371,237	0	

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
Matthew Steffen
309-266-9781

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	95
Circulatory System	0
Respiratory System	0
Digestive System	0
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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	98	98	96	98	95	3		98
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	96	98	95	3	0	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	3
Total Discharges 2007	1
Residents on 12/31/2007	95

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			34239	95.7%	365	34604	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	34239	95.7%	365	34604	96.7%	96.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	24	26	0	0	24	26	50
45 to 59	0	0	0	0	15	19	0	0	15	19	34
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	2	3	0	0	2	3	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	42	53	0	0	42	53	95

APOS. CHRISTIAN TIMBER RIDGE
2125 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6000418
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		94	0	0	1	0	95
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	1	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	143	143
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	92	0	92
Race Unknown	0	0	0	0	0
Total	0	0	95	0	95

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	95	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.43
LPN's	8.06
Certified Aides	62.53
Other Health Staff	17.23
Non-Health Staff	35.81
Totals	137.06

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%	83.6%	3.8%	0.0%	12.6%	100.0%		4.4%
0	4,316,146	197,784	0	650,086	5,164,016	228,299	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH
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
3/31/2008

Registered Agent Information
RICHARD D. ISAIA
1102 W. RANDOLPH ST. P.O.BOX
ROANOKE, IL 61561

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	61	61	60	60	54	7	32	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	60	60	54	7	32	61

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	59
Total Discharges 2007	58
Residents on 12/31/2007	54

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1993	17.1%	8221	36.9%	9769	19983	89.8%	89.8%
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	1993	17.1%	8221	36.9%	9769	19983	89.8%	89.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	6	7	0	0	0	0	0	0	6	7	13
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	13	41	0	0	0	0	0	0	13	41	54

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH
ROANOKE, IL. 61561

Reference Numbers Facility ID 6000384
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	25	0	0	21	0	54
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
TOTALS	8	25	0	0	21	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	1.00
Non-Health Staff	22.00
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
9.0%	42.0%	0.0%	0.0%	49.0%	100.0%		0.0%
317,210	1,476,677	0	0	1,722,011	3,515,898	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
309-467-2311

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	43
Mental Illness	3
Developmental Disability	1
Circulatory System	27
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	109	109	108	109	100	9	36	109
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	9	1		
TOTAL BEDS	119	118	117	118	109	10	36	109

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	66
Total Discharges 2007	69
Residents on 12/31/2007	109

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1685	12.8%	9093	22.9%	26766	37544	94.4%	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					3105	3105	85.1%	94.5%
TOTALS	1685	12.8%	9093	22.9%	29871	40649	93.6%	94.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	8	20	0	0	0	0	0	2	8	22	30
85+	12	54	0	0	0	0	1	6	13	60	73
TOTALS	21	79	0	0	0	0	1	8	22	87	109

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

APOSTOLIC CHRISTIAN - EUREKA
610 CRUGER
EUREKA, IL. 61530

Reference Numbers Facility ID 6002885
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	25	0	0	67	0	100
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	9	0	9
TOTALS	8	25	0	0	76	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	98	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	9	109
Race Unknown	0	0	0	0	0
Total	100	0	0	9	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	9	109
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	9	109

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	56.00
Other Health Staff	2.00
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
10.0%	14.2%	0.0%	0.0%	75.8%	100.0%		0.9%
657,268	927,290	0	0	4,960,926	6,545,484	58,613	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

Administrator
David Stieglitz

Contact Person and Telephone
David Stieglitz
847-741-4543

Date Completed
5/1/2008

Registered Agent Information
David G. Stieglitz
5N598 Meadowview Lane

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	20
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	50	50	50	50	47	3	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	50	50	47	3	0	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	15
Total Discharges 2007	18
Residents on 12/31/2007	47

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	6664	36.5%	11216	17880	98.0%	98.0%
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	0	0.0%	6664	36.5%	11216	17880	98.0%	98.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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+	3	26	0	0	0	0	0	0	3	26	29
TOTALS	9	38	0	0	0	0	0	0	9	38	47

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Reference Numbers Facility ID 6000392
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	20	0	0	27	0	47
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
TOTALS	0	20	0	0	27	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	3.00
Non-Health Staff	22.00
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%	30.5%	0.0%	0.0%	69.5%	100.0%		1.2%
0	786,949	0	0	1,794,966	2,581,915	30,814	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

APOSTOLIC CHRISTIAN RESTMOR
935 EAST JEFFERSON STREET
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
309-266-7141 x 1402

Date Completed
4/29/2008

Registered Agent Information
Greg Kaiser
935 E Jefferson

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	18
Mental Illness	13
Developmental Disability	1
Circulatory System	36
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	104	16	26	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	26	24	24	24	15	11		
TOTAL BEDS	146	144	144	144	119	27	26	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	119
Total Admissions 2007	89
Total Discharges 2007	89
Residents on 12/31/2007	119

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3593	37.9%	7812	17.8%	27090	38495	87.9%	87.9%
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					5106	5106	53.8%	58.3%
TOTALS	3593	37.9%	7812	17.8%	32196	43601	81.8%	83.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	7	18	0	0	0	0	2	4	9	22	31
85+	21	52	0	0	0	0	2	7	23	59	82
TOTALS	28	76	0	0	0	0	4	11	32	87	119

APOSTOLIC CHRISTIAN RESTMOR
935 EAST JEFFERSON STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6000400
Health Service Area 002 Planning Service Area 179

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	73	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	12	19	0	0	88	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	130	114

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	15	119
Race Unknown	0	0	0	0	0
Total	104	0	0	15	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	15	119
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	15	119

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	55.00
Other Health Staff	7.00
Non-Health Staff	44.00
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
15.2%	10.0%	0.0%	1.8%	73.0%	100.0%		0.4%
1,190,578	782,688	0	144,551	5,737,305	7,855,122	31,400	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Dean Ramseyer

Contact Person and Telephone
Dean Ramseyer
309-691-8091

Date Completed
5/30/2008

Registered Agent Information
Dean Ramseyer
7023 NE Skyline Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	9
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	18
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	57	57	56	57	53	4	14	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	26	26	26	26	3		
TOTAL BEDS	86	83	82	83	79	7	14	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	41
Total Discharges 2007	44
Residents on 12/31/2007	79

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	782	15.3%	3897	18.7%	14892	19571	94.1%	94.1%
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					8385	8385	79.2%	88.4%
TOTALS	782	15.3%	3897	18.7%	23277	27956	89.1%	92.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	7	0	0	0	0	1	5	1	12	13
85+	6	36	0	0	0	0	3	17	9	53	62
TOTALS	7	46	0	0	0	0	4	22	11	68	79

APOSTOLIC CHRISTIAN SKYLINES
7023 NORTH EAST SKYLINE DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000426
Health Service Area 002 Planning Service Area 143

RESIDENTS 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	42	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			1	0	25	0	26
TOTALS	0	11	1	0	67	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	162
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	69	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	26	79
Race Unknown	0	0	0	0	0
Total	53	0	0	26	79

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	26	79
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	26	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	29.00
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
5.5%	6.6%	0.0%	1.2%	86.7%	100.0%		0.0%
241,331	287,909	0	52,121	3,794,011	4,375,372	0	

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
5/15/2008

Registered Agent Information
David Aronin
2201 W. Main

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	54
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	115	114	112	114	100	15	115	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	115	114	112	114	100	15	115	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	98
Total Admissions 2007	213
Total Discharges 2007	211
Residents on 12/31/2007	100

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8001	19.1%	23460	80.3%	6883	38344	91.3%	92.2%
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%
TOTALS	8001	19.1%	23460	80.3%	6883	38344	91.3%	92.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	14	0	0	0	0	0	0	0	14	14
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	7	45	0	0	0	0	0	0	7	45	52
TOTALS	19	81	0	0	0	0	0	0	19	81	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	63	0	1	22	0	100
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
TOTALS	14	63	0	1	22	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
38.3%	41.3%	0.0%	1.3%	19.1%	100.0%		0.0%
2,127,753	2,290,939	0	74,403	1,060,094	5,553,189	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ARBOR OF ITASCA
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

Administrator
Thomas Annarella

Contact Person and Telephone
Thomas Annarella
630-773-9416

Date Completed
5/1/2008

Registered Agent Information
Charles Ricci
535 S Elm St

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	51
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	110

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	144	120	144	110	34	14	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	120	144	110	34	14	144

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	107
Total Admissions 2007	109
Total Discharges 2007	106
Residents on 12/31/2007	110

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2459	48.1%	28619	54.5%	8993	40071	76.2%	76.2%
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%
TOTALS	2459	48.1%	28619	54.5%	8993	40071	76.2%	76.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	7	63	0	0	0	0	0	0	7	63	70
TOTALS	21	89	0	0	0	0	0	0	21	89	110

ARBOR OF ITASCA
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

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	79	0	0	24	0	110
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
TOTALS	7	79	0	0	24	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	7.00
Certified Aides	37.00
Other Health Staff	17.00
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
18.5%	47.8%	0.0%	0.0%	33.7%	100.0%		0.0%
1,036,182	2,683,185	0	0	1,889,154	5,608,521	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ARBOR VIEW NURSING & REHAB
1805 27TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6002281
Health Service Area 008 Planning Service Area 097

Administrator
Dr. Amjad Hussain

Contact Person and Telephone
Dr. Amjad Hussain
847-746-3736

Date Completed
6/17/2008

Registered Agent Information
Bob Hedges
1625 S. 6th St.
Springfield, IL 62703

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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	35
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	29
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	85

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	108	85	108	85	31	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	108	85	108	85	31	116	116

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	192
Total Discharges 2007	200
Residents on 12/31/2007	85

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3005	7.1%	23171	54.7%	4849	31025	73.3%	78.7%
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	3005	7.1%	23171	54.7%	4849	31025	73.3%	78.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	25	0	0	0	0	0	0	1	25	26
75 to 84	28	30	0	0	0	0	0	0	28	30	58
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	30	55	0	0	0	0	0	0	30	55	85

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ARBOR VIEW NURSING & REHAB
1805 27TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6002281
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	66	3	9	1	0	85
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
TOTALS	6	66	3	9	1	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	2	0	0	0	2
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	13.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	32.00
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
28.3%	53.2%	0.0%	0.0%	18.5%	100.0%		0.0%
1,243,328	2,341,759	0	0	815,524	4,400,611	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Debbie Patty
773-465-7751

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	21
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	9
Developmental Disability	3
Circulatory System	23
Respiratory System	16
Digestive System	0
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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	90	99	90	9	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	90	99	90	9	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	87
Total Admissions 2007	227
Total Discharges 2007	224
Residents on 12/31/2007	90

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	32036	88.7%	364	32400	89.7%	89.7%
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	0	0.0%	32036	88.7%	364	32400	89.7%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	0	0	0	0	0	0	13	10	23
45 to 59	27	9	0	0	0	0	0	0	27	9	36
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	56	34	0	0	0	0	0	0	56	34	90

ARBOUR HEALTH CARE CENTER
1512 WEST FARGO
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008155
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	89	0	0	1	0	90
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
TOTALS	0	89	0	0	1	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	1	0	0	0	1
Total	90	0	0	0	90

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	13.00
Other Health Staff	8.00
Non-Health Staff	19.00
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
0.0%	98.4%	0.0%	0.0%	1.6%	100.0%		0.0%
0	3,147,707	0	0	50,120	3,197,827	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ARCOLA HEALTHCARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6009823
Health Service Area 004 Planning Service Area 041

Administrator
Karla Schneider

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/25/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	38
Developmental Disability	4
Circulatory System	0
Respiratory System	4
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	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	MEDICAID CERTIFIED
Nursing Care	100	100	99	100	88	12	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	99	100	88	12	50	100

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	33
Total Discharges 2007	38
Residents on 12/31/2007	88

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	785	4.3%	27991	76.7%	4963	33739	92.4%	92.4%
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%
TOTALS	785	4.3%	27991	76.7%	4963	33739	92.4%	92.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	13	13	0	0	0	0	0	0	13	13	26
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	10	6	0	0	0	0	0	0	10	6	16
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	43	45	0	0	0	0	0	0	43	45	88

ARCOLA HEALTHCARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6009823
Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	73	2	0	13	0	88
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
TOTALS	0	73	2	0	13	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	5.00
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
10.8%	70.7%	3.0%	0.6%	14.9%	100.0%		0.0%
321,763	2,096,573	88,662	18,900	440,666	2,966,564	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ARLINGTON REHAB & LIVING CTR.
1666 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344
Health Service Area 008 Planning Service Area 097

Administrator
Aaron Mann

Contact Person and Telephone
Aaron Mann
847-419-1111

Date Completed
4/28/2008

Registered Agent Information
Charles Sheets
321 N. Clark St., Suite 2800

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	13
Digestive System	21
Genitourinary System Disorders	19
Skin Disorders	4
Musculo-skeletal Disorders	26
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	190	190	185	186	171	19	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	190	190	185	186	171	19	184	184

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	169
Total Admissions 2007	285
Total Discharges 2007	283
Residents on 12/31/2007	171

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10154	15.1%	42970	64.0%	11951	65075	93.8%	93.8%
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	10154	15.1%	42970	64.0%	11951	65075	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	6	6	12
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	14	38	0	0	0	0	0	0	14	38	52
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	53	118	0	0	0	0	0	0	53	118	171

ARLINGTON REHAB & LIVING CTR.
1666 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	130	0	2	18	0	171
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
TOTALS	21	130	0	2	18	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	26.00
Certified Aides	104.00
Other Health Staff	3.00
Non-Health Staff	51.00
Totals	206.20

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
39.5%	40.5%	0.0%	7.4%	12.5%	100.0%		0.0%
4,760,132	4,882,295	0	894,138	1,511,199	12,047,764	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ARTHUR HOME
423 EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517
Health Service Area 004 Planning Service Area 139

Administrator
David Eversole

Contact Person and Telephone
Linda Butler
217-543-2013

Date Completed
5/3/2008

Registered Agent Information
Gale Pearce
506 South Pine St

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	69	69	69	69	58	11	69	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	69	69	58	11	69	69

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	55
Total Discharges 2007	59
Residents on 12/31/2007	58

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3187	12.7%	9499	37.7%	9571	22257	88.4%	88.4%
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%
TOTALS	3187	12.7%	9499	37.7%	9571	22257	88.4%	88.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	12	46	0	0	0	0	0	0	12	46	58

ARTHUR HOME
423 EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517
Health Service Area 004 Planning Service Area 139

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	1	27	0	58
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
TOTALS	4	26	0	1	27	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	39.00
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
26.0%	15.4%	0.0%	10.0%	48.6%	100.0%		0.0%
855,225	506,527	0	327,112	1,595,833	3,284,699	305	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pat Howard
815-288-6691

Date Completed
4/20/2008

Registered Agent Information
Arlan McClain
500 Anchor Road P.O Box 366

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5792	99.2%	0	5792	99.2%	99.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5792	99.2%	0	5792	99.2%	99.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	7	3	10
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Ashton Terrace
307 Alan Street
Ashton, IL. 61006

Reference Numbers Facility ID 6012843
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	135	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.25
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	2.00
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%	14.8%	85.2%	0.0%	0.0%	100.0%		0.0%
0	110,329	634,311	0	29	744,669	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Aspen Rehab & Health Care
1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205
Health Service Area 010 Planning Service Area 161

Administrator
Becky Cattani

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/25/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	1
Circulatory System	9
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	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	59	50	59	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	59	50	59	50	13	0	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	44
Total Discharges 2007	49
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14965	65.1%	3285	18250	79.4%	84.7%
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	0	0.0%	14965	65.1%	3285	18250	79.4%	84.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	4	31	0	0	0	0	0	0	4	31	35
TOTALS	6	44	0	0	0	0	0	0	6	44	50

Aspen Rehab & Health Care
1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	41	0	0	9	0	50
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
TOTALS	0	41	0	0	9	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

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	22.00
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%	78.8%	0.0%	0.0%	21.2%	100.0%		0.0%
0	1,594,665	0	0	428,711	2,023,376	0	

ASPEN RIDGE CARE CENTER
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6006282
Health Service Area 004 Planning Service Area 115

Administrator
Lisa A. Trudeau, R.N.

Contact Person and Telephone
Julie Warden
217-875-0920

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	39
Mental Illness	8
Developmental Disability	1
Circulatory System	26
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	166

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	195	195	185	195	166	29	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	195	185	195	166	29	195	195

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	169
Total Admissions 2007	361
Total Discharges 2007	364
Residents on 12/31/2007	166

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8638	12.1%	49004	68.9%	5254	62896	88.4%	88.4%
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%
TOTALS	8638	12.1%	49004	68.9%	5254	62896	88.4%	88.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	9	0	0	0	0	0	0	4	9	13
65 to 74	8	24	0	0	0	0	0	0	8	24	32
75 to 84	22	36	0	0	0	0	0	0	22	36	58
85+	17	35	0	0	0	0	0	0	17	35	52
TOTALS	55	111	0	0	0	0	0	0	55	111	166

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ASPEN RIDGE CARE CENTER
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6006282
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	137	0	0	12	0	166
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
TOTALS	17	137	0	0	12	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	33.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	61.00
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
32.4%	61.3%	0.0%	0.3%	6.0%	100.0%		0.0%
2,871,639	5,428,857	0	26,250	533,406	8,860,152	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Aspire On Eastern
105 Eastern Avenue
Bellwood, IL. 60104

Reference Numbers Facility ID 6007066
Health Service Area 007 Planning Service Area 704

Administrator
Victoria Striegel

Contact Person and Telephone
Victoria Striegel
708-547-3580

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	82
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	82	0		82
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	82	82	82	0	0	82

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	7
Total Discharges 2007	6
Residents on 12/31/2007	82

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			29244	97.7%	365	29609	98.9%	98.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	29244	97.7%	365	29609	98.9%	98.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	9	0	0	9	9	18
45 to 59	0	0	0	0	22	27	0	0	22	27	49
60 to 64	0	0	0	0	3	7	0	0	3	7	10
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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	35	47	0	0	35	47	82

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Aspire On Eastern
105 Eastern Avenue
Bellwood, IL. 60104

Reference Numbers Facility ID 6007066
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		81	0	0	1	0	82
Sheltered Care			0	0	0	0	0
TOTALS	0	81	0	0	1	0	82

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	16	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	64	0	64
Race Unknown	0	0	0	0	0
Total	0	0	82	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	0	82	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.15
LPN's	6.16
Certified Aides	28.20
Other Health Staff	65.03
Non-Health Staff	27.75
Totals	130.29

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%	84.9%	0.4%	0.0%	14.7%	100.0%		0.0%
0	3,934,455	18,456	876	678,777	4,632,565	0	

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
Peggy Voitik

Contact Person and Telephone
Peggy Voitik
309-827-6046

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	22
Mental Illness	10
Developmental Disability	0
Circulatory System	12
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	83

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	117	113	95	111	83	34	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	113	95	111	83	34	79	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	102
Total Discharges 2007	103
Residents on 12/31/2007	83

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2208	7.7%	23664	56.4%	6307	32179	75.4%	78.0%
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	2208	7.7%	23664	56.4%	6307	32179	75.4%	78.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	6	4	10
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	17	15	0	0	0	0	0	0	17	15	32
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	39	44	0	0	0	0	0	0	39	44	83

ASTA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6001010
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	59	0	1	17	0	83
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
TOTALS	6	59	0	1	17	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	36.00
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
24.1%	56.2%	0.4%	3.5%	15.9%	100.0%		0.0%
1,042,103	2,429,322	15,427	149,840	689,148	4,325,840	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Paul Blanchette

Contact Person and Telephone
Craig Frank
847-742-8822

Date Completed
3/10/2008

Registered Agent Information
Seth Gilman
134 North McLean Blvd.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	13
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	63

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	64	69	63	6	51	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	64	69	63	6	51	69

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	81
Total Discharges 2007	75
Residents on 12/31/2007	63

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2389	12.8%	18548	73.6%	1062	21999	87.3%	87.3%
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%
TOTALS	2389	12.8%	18548	73.6%	1062	21999	87.3%	87.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	2	4	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	24	39	0	0	0	0	0	0	24	39	63

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	51	0	1	4	0	63
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
TOTALS	7	51	0	1	4	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	13.00
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
40.3%	54.3%	0.0%	0.2%	5.2%	100.0%		0.0%
1,187,541	1,601,014	0	5,922	154,109	2,948,586	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Contact Person and Telephone
David Meiselman
847-742-8822

Date Completed
5/2/2008

Registered Agent Information
seth gillman
134 n mclean ave

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	11
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	25
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	100	97	100	85	17	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	100	97	100	85	17	52	102

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	75
Total Discharges 2007	75
Residents on 12/31/2007	85

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3903	20.6%	18713	50.3%	10558	33174	89.1%	90.9%
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	3903	20.6%	18713	50.3%	10558	33174	89.1%	90.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	11	0	11
45 to 59	7	6	0	0	0	0	0	0	7	6	13
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	10	5	0	0	0	0	0	0	10	5	15
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	44	41	0	0	0	0	0	0	44	41	85

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	74	0	0	3	0	85
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
TOTALS	8	74	0	0	3	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

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	20.00
Other Health Staff	4.00
Non-Health Staff	35.00
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
31.8%	56.9%	0.0%	2.2%	9.1%	100.0%		0.0%
1,551,314	2,776,194	0	106,301	441,976	4,875,785	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	88	88	85	3	28	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	88	88	85	3	28	88

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	125
Total Discharges 2007	119
Residents on 12/31/2007	85

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4178	40.9%	15556	48.4%	11114	30848	96.0%	96.0%
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	4178	40.9%	15556	48.4%	11114	30848	96.0%	96.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	30	55	0	0	0	0	0	0	30	55	85

ASTA CARE CENTER OF PONTIAC
300 WEST LOWELL
PONTIAC, IL. 61764

Reference Numbers Facility ID 6004642
Health Service Area 004 Planning Service Area 105

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	48	0	2	18	0	85
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
TOTALS	17	48	0	2	18	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	2.00
Non-Health Staff	24.00
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
37.9%	39.7%	0.0%	9.3%	13.1%	100.0%		0.0%
1,798,240	1,881,650	0	440,223	621,327	4,741,440	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Swingle

Contact Person and Telephone
Jennifer Swingle
815-452-2367

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	16
Developmental Disability	1
Circulatory System	12
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	89

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	101	93	101	89	15	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	101	93	101	89	15	65	104

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	72
Total Discharges 2007	69
Residents on 12/31/2007	89

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2828	11.9%	22425	59.1%	6233	31486	82.9%	85.4%
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%
TOTALS	2828	11.9%	22425	59.1%	6233	31486	82.9%	85.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	1	6	7
45 to 59	6	13	0	0	0	0	0	0	6	13	19
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	11	11	0	0	0	0	0	0	11	11	22
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	40	49	0	0	0	0	0	0	40	49	89

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	63	0	1	4	0	89
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
TOTALS	21	63	0	1	4	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	43.00
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
25.0%	66.6%	0.0%	2.1%	6.3%	100.0%		0.0%
1,053,215	2,801,449	0	88,550	263,134	4,206,348	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Judith L. Zbinden

Contact Person and Telephone
Judith L. Zbinden
815-877-5752

Date Completed
6/11/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	26
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	16
Mental Illness	9
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	130	126	121	124	103	27	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	126	121	124	103	27	69	130

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	110
Total Admissions 2007	125
Total Discharges 2007	132
Residents on 12/31/2007	103

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4513	17.9%	25546	53.8%	10191	40250	84.8%	87.5%
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	4513	17.9%	25546	53.8%	10191	40250	84.8%	87.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	9	0	0	0	0	0	0	10	9	19
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	45	58	0	0	0	0	0	0	45	58	103

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

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	12	17	0	103
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
TOTALS	12	62	0	12	17	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	14.00
Non-Health Staff	35.00
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
31.7%	61.4%	0.0%	4.9%	2.1%	100.0%		0.0%
1,901,325	3,684,083	0	291,770	126,273	6,003,451	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ASTORIA GARDEN & REHAB. CTR.
1008 EAST BROADWAY
ASTORIA, IL. 61501

Reference Numbers Facility ID 6000533
Health Service Area 002 Planning Service Area 057

Administrator
Steve Axelbaum

Contact Person and Telephone
Steve Axelbaum
309-329-1333

Date Completed
5/30/2008

Registered Agent Information
Paula Taylor
314 East Broadway

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	13
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	3
Respiratory System	10
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	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	MEDICAID CERTIFIED
Nursing Care	67	67	45	67	37	30	67	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	67	45	67	37	30	67	67

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	38
Total Admissions 2007	29
Total Discharges 2007	30
Residents on 12/31/2007	37

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	993	4.1%	8981	36.7%	4580	14554	59.5%	59.5%
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	993	4.1%	8981	36.7%	4580	14554	59.5%	59.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	10	0	0	0	0	0	0	1	10	11
85+	8	16	0	0	0	0	0	0	8	16	24
TOTALS	9	28	0	0	0	0	0	0	9	28	37

ASTORIA GARDEN & REHAB. CTR.
1008 EAST BROADWAY
ASTORIA, IL. 61501

Reference Numbers Facility ID 6000533
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	22	0	0	13	0	37
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
TOTALS	2	22	0	0	13	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	14.00
Non-Health Staff	2.00
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
18.3%	34.9%	0.0%	0.6%	46.1%	100.0%		0.0%
317,357	604,473	0	10,392	798,397	1,730,619	0	

FACILITY NOTES

Bed change	10/11/2007	Discontinued 2 nursing care beds; facility now licensed for 67 nursing care beds.

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
Yeruchom Levovitz

Contact Person and Telephone
Yeruchom Levovitz
773-973-4780

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	18
Blood Disorders	5
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	0
Circulatory System	17
Respiratory System	25
Digestive System	12
Genitourinary System Disorders	9
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	3
TOTALS	151

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	157	160	151	9	56	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	157	160	151	9	56	160

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	308
Total Discharges 2007	308
Residents on 12/31/2007	151

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3122	15.3%	51033	87.4%	1427	55582	95.2%	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%
TOTALS	3122	15.3%	51033	87.4%	1427	55582	95.2%	95.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	12	0	0	0	0	0	0	24	12	36
45 to 59	28	23	0	0	0	0	0	0	28	23	51
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	90	61	0	0	0	0	0	0	90	61	151

ATRIUM HEALTH CARE CENTER
1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003834
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	137	0	0	6	0	151
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
TOTALS	8	137	0	0	6	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	82	0	0	0	82
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	11	0	0	0	11
Total	151	0	0	0	151

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	40.00
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
20.6%	74.8%	1.5%	0.0%	3.1%	100.0%		0.0%
1,470,412	5,335,602	108,734	0	221,335	7,136,083	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Auburn Nursing & Rehab Center
304 Maple Avenue
AUBURN, IL. 62615

Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

Administrator
Larry Trigg

Contact Person and Telephone
Larry Trigg
217-438-6125

Date Completed
5/2/2008

Registered Agent Information
Dan Maher
926 S. 7th

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	70	65	65	65	62	8	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	62	8	70	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	114
Total Discharges 2007	107
Residents on 12/31/2007	62

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2789	10.9%	9849	38.5%	7753	20391	79.8%	85.9%
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	2789	10.9%	9849	38.5%	7753	20391	79.8%	85.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	16	46	0	0	0	0	0	0	16	46	62

Auburn Nursing & Rehab Center
304 Maple Avenue
AUBURN, IL. 62615

Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	33	0	0	17	0	62
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
TOTALS	12	33	0	0	17	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	8.50
Certified Aides	19.00
Other Health Staff	3.00
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
35.2%	29.1%	0.0%	1.3%	34.4%	100.0%		0.0%
999,734	826,389	0	37,358	978,556	2,842,037	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

Reference Numbers Facility ID 6000574
Health Service Area 008 Planning Service Area 089

Administrator
Gregory S Seeger

Contact Person and Telephone
Greg Seeger
630-898-1180

Date Completed
4/18/2008

Registered Agent Information
Charles Sheeets
321 North Clark St, Suite 2800

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	8
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	29
Developmental Disability	2
Circulatory System	44
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	195	185	177	185	158	37	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	195	185	177	185	158	37	189	189

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	280
Total Discharges 2007	279
Residents on 12/31/2007	158

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6614	9.6%	43227	62.7%	9284	59125	83.1%	87.6%
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%
TOTALS	6614	9.6%	43227	62.7%	9284	59125	83.1%	87.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	15	9	0	0	0	0	0	0	15	9	24
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	14	33	0	0	0	0	0	0	14	33	47
85+	11	34	0	0	0	0	0	0	11	34	45
TOTALS	65	93	0	0	0	0	0	0	65	93	158

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

Reference Numbers Facility ID 6000574
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	19	103	0	9	27	0	158
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
TOTALS	19	103	0	9	27	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	3.00
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
28.6%	57.6%	0.0%	4.3%	9.5%	100.0%		0.0%
2,572,651	5,176,629	0	383,656	852,553	8,985,489	0	

FACILITY NOTES

Bed Change	10/5/2007	Added 10 Nursing care beds to existing facility; facility now licensed for 195 Nursing care beds.

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60435

Reference Numbers Facility ID 6013585
Health Service Area 009 Planning Service Area 197

Administrator

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/23/2008

Registered Agent Information
Cornerstone Services, Inc
777 Joyce Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1379	94.5%	0	1379	94.5%	94.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1379	94.5%	0	1379	94.5%	94.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60435

Reference Numbers Facility ID 6013585
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	195	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.50
Non-Health Staff	5.00
Totals	11.75

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
0.1%	88.2%	0.0%	0.0%	11.7%	100.0%		0.0%
243	242,574	0	0	32,134	274,951	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

AVENUE CARE CENTER
4505 SOUTH DREXEL
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667
Health Service Area 006 Planning Service Area 603

Administrator
JoeAnn Brew

Contact Person and Telephone
Mila Jeffrey
773-285-0550

Date Completed
5/2/2008

Registered Agent Information
Meyer Magence
8320 Skokie Blvd

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	10
*Nervous System Non Alzheimer	21
Alzheimer Disease	5
Mental Illness	20
Developmental Disability	1
Circulatory System	10
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	7
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	155	155	150	155	147	8	42	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	150	155	147	8	42	155

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	137
Total Admissions 2007	96
Total Discharges 2007	86
Residents on 12/31/2007	147

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2097	13.7%	43624	77.1%	5031	50752	89.7%	89.7%
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	2097	13.7%	43624	77.1%	5031	50752	89.7%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	25	18	0	0	0	0	0	0	25	18	43
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	20	9	0	0	0	0	0	0	20	9	29
75 to 84	14	12	0	0	0	0	0	0	14	12	26
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	84	63	0	0	0	0	0	0	84	63	147

AVENUE CARE CENTER
4505 SOUTH DREXEL
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	137	0	0	3	0	147
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
TOTALS	7	137	0	0	3	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	142	0	0	0	142
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	37.00
Other Health Staff	6.00
Non-Health Staff	30.00
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
12.3%	84.7%	0.0%	0.0%	3.1%	100.0%		0.0%
741,923	5,115,575	0	0	184,923	6,042,421	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AVISTON COUNTRYSIDE MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6011340
Health Service Area 011 Planning Service Area 027

Administrator

Contact Person and Telephone
LESLIE PEDTKE
618-228-7615

Date Completed
5/1/2008

Registered Agent Information
Jerry King
#6 Windswept Dr.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	12
Developmental Disability	1
Circulatory System	22
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	97	95	94	95	93	4	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	95	94	95	93	4	22	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	112
Total Discharges 2007	104
Residents on 12/31/2007	93

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5400	67.2%	14675	41.4%	11034	31109	87.9%	89.7%
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	5400	67.2%	14675	41.4%	11034	31109	87.9%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	25	68	0	0	0	0	0	0	25	68	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AVISTON COUNTRYSIDE MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6011340
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	14	45	0	7	27	0	93
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
TOTALS	14	45	0	7	27	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	1.00
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
41.5%	17.9%	0.0%	9.0%	31.7%	100.0%		0.0%
2,318,314	1,000,563	0	501,028	1,772,557	5,592,464	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6000582
Health Service Area 011 Planning Service Area 027

Administrator
Randi Leone

Contact Person and Telephone
Patricia Ming
618-228-7040

Date Completed
4/3/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5742	98.3%	0	5742	98.3%	98.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5742	98.3%	0	5742	98.3%	98.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	6	6	0	0	6	6	12
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	8	0	0	7	8	15

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6000582
Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	232	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
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%		0.0%
0	674,073	0	0	0	674,073	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

AVON NURSING CARE
1790 23RD AVENUE
AVON, IL. 61415

Reference Numbers Facility ID 6000590
Health Service Area 002 Planning Service Area 057

Administrator
J. Philip Kramer

Contact Person and Telephone
Deb Akers
309-465-3102

Date Completed
5/5/2008

Registered Agent Information
Zella Whisler
306 S. Main

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	2
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	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	MEDICAID CERTIFIED
Nursing Care	42	42	35	42	31	11	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	35	42	31	11	0	42

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	29
Total Admissions 2007	29
Total Discharges 2007	27
Residents on 12/31/2007	31

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8491	55.4%	3684	12175	79.4%	79.4%
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%
TOTALS	0	0.0%	8491	55.4%	3684	12175	79.4%	79.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	6	25	0	0	0	0	0	0	6	25	31

AVON NURSING CARE
1790 23RD AVENUE
AVON, IL. 61415

Reference Numbers Facility ID 6000590
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	20	0	0	11	0	31
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
TOTALS	0	20	0	0	11	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	28.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	53.0%	0.0%	0.0%	47.0%	100.0%		0.0%
0	720,934	0	0	640,003	1,360,938	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640
Health Service Area 007 Planning Service Area 702

Administrator
Eli Pick

Contact Person and Telephone

847-294-2300

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
Circulatory System	54
Respiratory System	17
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	231	191	144	191	121	110	231	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	191	144	191	121	110	231	231

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	124
Total Admissions 2007	1283
Total Discharges 2007	1286
Residents on 12/31/2007	121

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13815	16.4%	20020	23.7%	12492	46327	54.9%	66.5%
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	13815	16.4%	20020	23.7%	12492	46327	54.9%	66.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	8	7	15
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	18	27	0	0	0	0	0	0	18	27	45
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	50	71	0	0	0	0	0	0	50	71	121

BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	53	0	13	16	2	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
TOTALS	37	53	0	13	16	2	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	332	251
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	2	0	0	0	2
White	107	0	0	0	107
Race Unknown	2	0	0	0	2
Total	121	0	0	0	121

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	2	0	0	0	2
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	4.00
Certified Aides	40.00
Other Health Staff	28.00
Non-Health Staff	72.00
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
45.7%	19.5%	0.0%	20.5%	14.3%	100.0%		1.0%
6,969,317	2,972,441	0	3,119,838	2,185,840	15,247,436	147,019	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Balmoral Home
2055 West Balmoral Avenue
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657
Health Service Area 006 Planning Service Area 601

Administrator
Barry R. Taerbaum

Contact Person and Telephone
Barry R. Taerbaum
773-561-8661

Date Completed
3/25/2008

Registered Agent Information
Marvin Mermelstein
6500 N. Hamlin

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	163
Developmental Disability	2
Circulatory System	12
Respiratory System	5
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	206

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	206
Total Admissions 2007	98
Total Discharges 2007	98
Residents on 12/31/2007	206

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2775	22.4%	70624	90.8%	472	73871	95.0%	95.0%
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	2775	22.4%	70624	90.8%	472	73871	95.0%	95.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	10	0	0	0	0	0	0	22	10	32
45 to 59	72	18	0	0	0	0	0	0	72	18	90
60 to 64	18	7	0	0	0	0	0	0	18	7	25
65 to 74	26	10	0	0	0	0	0	0	26	10	36
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	145	61	0	0	0	0	0	0	145	61	206

Balmoral Home
2055 West Balmoral Avenue
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657
Health Service Area 006 Planning Service Area 601

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	194	0	0	0	0	206
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
TOTALS	12	194	0	0	0	0	206

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	206	0	0	0	206

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	206	0	0	0	206

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	2.00
Certified Aides	58.00
Other Health Staff	10.00
Non-Health Staff	32.00
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
12.9%	86.9%	0.0%	0.2%	0.1%	100.0%		0.0%
977,173	6,589,976	0	15,660	4,125	7,586,934	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	70

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	73	76	70	6	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	73	76	70	6	76	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	121
Total Discharges 2007	113
Residents on 12/31/2007	70

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1598	5.8%	13085	47.2%	9866	24549	88.5%	88.5%
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	1598	5.8%	13085	47.2%	9866	24549	88.5%	88.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	10	28	0	0	0	0	0	0	10	28	38
TOTALS	17	53	0	0	0	0	0	0	17	53	70

BARRY COMMUNITY CARE CENTER
1313 PRATT STREET
BARRY, IL. 62312

Reference Numbers Facility ID 6000731
Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	35	0	0	28	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
TOTALS	7	35	0	0	28	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
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
25.0%	36.5%	0.0%	0.0%	38.5%	100.0%		0.0%
784,242	1,146,490	904	0	1,206,980	3,138,616	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BARTON W. STONE CHRISTIAN HOME
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
Michael Schneider
217-479-3400

Date Completed
5/30/2008

Registered Agent Information
Steve Wannemacher
115 W. Jefferson St., Suite 401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	36
Mental Illness	5
Developmental Disability	5
Circulatory System	37
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	33
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	151

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	185	185	162	185	141	44	185	185
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	24	24	10	24	10	14		
TOTAL BEDS	209	209	172	209	151	58	185	185

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	139
Total Discharges 2007	139
Residents on 12/31/2007	151

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5844	8.7%	28841	42.7%	23470	58155	86.1%	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					2849	2849	32.5%	32.5%
TOTALS	5844	8.7%	28841	42.7%	26319	61004	80.0%	80.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	3	26	0	0	0	0	0	2	3	28	31
85+	15	89	0	0	0	0	2	6	17	95	112
TOTALS	21	120	0	0	0	0	2	8	23	128	151

BARTON W. STONE CHRISTIAN HOME
873 GROVE STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6000756
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	15	72	0	0	54	0	141
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	15	72	0	0	64	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	80

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	140	0	0	10	150
Race Unknown	0	0	0	0	0
Total	141	0	0	10	151

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	141	0	0	10	151
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	10	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	27.10
Certified Aides	59.70
Other Health Staff	5.00
Non-Health Staff	48.70
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
25.2%	33.1%	0.0%	0.0%	41.7%	100.0%		0.0%
1,932,691	2,535,311	0	0	3,201,687	7,669,690	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Batavia Rehab & Hlthcare Ctr.
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171
Health Service Area 008 Planning Service Area 089

Administrator
Teri Rebstock

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	4
Circulatory System	15
Respiratory System	1
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	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	56	54	56	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	56	54	56	50	13	0	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	63
Total Discharges 2007	58
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	15003	65.2%	2513	17516	76.2%	85.7%
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	0	0.0%	15003	65.2%	2513	17516	76.2%	85.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	0	3	3
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	17	0	0	0	0	0	0	3	17	20
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	12	38	0	0	0	0	0	0	12	38	50

Batavia Rehab & Hlthcare Ctr.
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171
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	45	0	0	5	0	50
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
TOTALS	0	45	0	0	5	0	50

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	6	0	0	0	6
Total	50	0	0	0	50

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	16.00
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
0.0%	84.1%	0.0%	0.0%	15.9%	100.0%		0.0%
0	1,554,443	0	0	294,429	1,848,872	0	

Bayside Terrace
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
4/24/2008

Registered Agent Information
EARL ROSENBAUM
600 Central Avenue
HIGHLAND PARK, IL 60035

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	124
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	148

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	168	168	148	168	148	20	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	148	168	148	20	0	168

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	147
Total Admissions 2007	28
Total Discharges 2007	27
Residents on 12/31/2007	148

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	52195	85.1%	1825	54020	88.1%	88.1%
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%
TOTALS	0	0.0%	52195	85.1%	1825	54020	88.1%	88.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	12	0	0	0	0	0	0	15	12	27
45 to 59	46	29	0	0	0	0	0	0	46	29	75
60 to 64	9	11	0	0	0	0	0	0	9	11	20
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	85	63	0	0	0	0	0	0	85	63	148

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Bayside Terrace
1100 South Lewis Avenue
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6000764
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	143	3	0	2	0	148
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
TOTALS	0	143	3	0	2	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	6	0	0	0	6
Total	148	0	0	0	148

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

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	20.00
Other Health Staff	0.00
Non-Health Staff	40.00
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%	94.0%	2.8%	0.0%	3.2%	100.0%		0.0%
0	4,201,483	126,638	0	142,650	4,470,771	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772
Health Service Area 007 Planning Service Area 703

Administrator
Chris Andersen

Contact Person and Telephone
Chris Andersen
630-691-4002

Date Completed
4/11/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	33
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	108	108	99	108	99	9	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	108	108	99	108	99	9	21	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	172
Total Discharges 2007	174
Residents on 12/31/2007	99

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3077	40.1%	0	0.0%	31408	34485	87.5%	87.5%
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	3077	40.1%	0	0.0%	31408	34485	87.5%	87.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	15	0	0	0	0	0	0	7	15	22
85+	19	57	0	0	0	0	0	0	19	57	76
TOTALS	27	72	0	0	0	0	0	0	27	72	99

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772
Health Service Area 007 Planning Service Area 703

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	0	84	0	99
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
TOTALS	15	0	0	0	84	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	39.00
Other Health Staff	17.00
Non-Health Staff	19.00
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
31.2%	0.0%	0.0%	3.4%	65.4%	100.0%		0.0%
1,357,956	0	0	147,137	2,840,941	4,346,035	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
217-422-1761

Date Completed
5/6/2008

Registered Agent Information
David M. Jacobus
2576 N. Greenway Rd
Cerro Gordo, IL 61818

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1451	99.4%	9	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1451	99.4%	9	1460	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

BEACON STREET PLACE
4838 BEACON DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6013536
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	162	162
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	3.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	3.75

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%	90.9%	0.0%	0.0%	9.1%	100.0%		0.0%
0	260,373	0	0	26,056	286,429	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363
Health Service Area 003 Planning Service Area 017

Administrator
Suzanne McMillan

Contact Person and Telephone
Kirk Scott
(217) 323-5544

Date Completed
5/10/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363
Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	10.75

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%	87.8%	0.0%	0.0%	12.2%	100.0%		0.0%
0	578,888	0	0	80,761	659,649	0	

Beecher Manor
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806
Health Service Area 009 Planning Service Area 197

Administrator
Marcia Quale

Contact Person and Telephone
Donna Fox
708-946-2600

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	7
Developmental Disability	0
Circulatory System	31
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	92

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	93	92	93	92	4	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	93	92	93	92	4	96	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	87
Total Admissions 2007	85
Total Discharges 2007	80
Residents on 12/31/2007	92

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3273	9.3%	20713	59.1%	6807	30793	87.9%	90.7%
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	3273	9.3%	20713	59.1%	6807	30793	87.9%	90.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	6	57	0	0	0	0	0	0	6	57	63
TOTALS	13	79	0	0	0	0	0	0	13	79	92

Beecher Manor
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	0	0	18	0	92
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
TOTALS	11	63	0	0	18	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	18.00
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
24.7%	45.3%	0.0%	0.7%	29.3%	100.0%		0.0%
1,230,462	2,259,040	0	32,507	1,462,953	4,984,962	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BELHAVEN NURSING & Rehabilitation Center
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822
Health Service Area 006 Planning Service Area 603

Administrator
Benjamin Friedman

Contact Person and Telephone
Mary Glenn Richardson
773-233-6311

Date Completed
4/25/2008

Registered Agent Information
Abraham Gutnicki
8320 Skokie Blvd

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	47
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	1
Circulatory System	65
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	7
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	199

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	221	221	203	221	199	22	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	203	221	199	22	221	221

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	135
Total Admissions 2007	293
Total Discharges 2007	229
Residents on 12/31/2007	199

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8751	10.8%	47095	58.4%	6537	62383	77.3%	77.3%
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%
TOTALS	8751	10.8%	47095	58.4%	6537	62383	77.3%	77.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	9	2	11
45 to 59	22	12	0	0	0	0	0	0	22	12	34
60 to 64	4	11	0	0	0	0	0	0	4	11	15
65 to 74	19	16	0	0	0	0	0	0	19	16	35
75 to 84	12	35	0	0	0	0	0	0	12	35	47
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	77	122	0	0	0	0	0	0	77	122	199

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BELHAVEN NURSING & Rehabilitation Center
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	150	20	0	7	0	199
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
TOTALS	22	150	20	0	7	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	158	0	0	0	158
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	12	0	0	0	12
Total	199	0	0	0	199

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	25.00
Certified Aides	54.00
Other Health Staff	3.00
Non-Health Staff	54.00
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
33.1%	55.9%	5.4%	0.0%	5.6%	100.0%		0.0%
3,399,290	5,744,928	556,332	0	576,150	10,276,700	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BELLE MANOR
225 WEST B STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6014039
Health Service Area 011 Planning Service Area 163

Administrator
Beth A. Quick

Contact Person and Telephone
Beth Quick
618-244-7701

Date Completed
4/22/2008

Registered Agent Information
Steven K. Quick
2025B Broadway, P. O. Box 705

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Reference Numbers Facility ID 6014039
Health Service Area 011 Planning Service Area 163

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	8.95

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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	614,735	0	0	0	614,735	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Hnatowich

Contact Person and Telephone
Angela Hnatowich
(618) 830-8140

Date Completed
5/14/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	4
Residents on 12/31/2007	14

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5569	95.4%	0	5569	95.4%	95.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5569	95.4%	0	5569	95.4%	95.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	7	7	0	0	7	7	14

BELLEFONTAINE PLACE
98 DEBRA LANE PO BOX 225
WATERLOO, IL. 62298

Reference Numbers Facility ID 6010417
Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
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%	85.1%	0.0%	0.0%	14.9%	100.0%		0.0%
0	539,855	0	0	94,768	634,623	0	

Belmont Nursing Home
1936 West Belmont Avenue
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

Administrator

Contact Person and Telephone
LAURIE HERTZ
773-525-7176

Date Completed
5/2/2008

Registered Agent Information
Eileen Conway
1936 West Belmont Avenue

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	55
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	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	MEDICAID CERTIFIED
Nursing Care	61	61	57	61	55	6	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	57	61	55	6	0	61

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	25
Total Discharges 2007	23
Residents on 12/31/2007	55

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	18351	82.4%	35	18386	82.6%	82.6%
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%
TOTALS	0	0.0%	18351	82.4%	35	18386	82.6%	82.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	15	9	0	0	0	0	0	0	15	9	24
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	4	0	0	0	0	0	0	3	4	7
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	38	17	0	0	0	0	0	0	38	17	55

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Belmont Nursing Home
1936 West Belmont Avenue
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	55	0	0	0	0	55
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
TOTALS	0	55	0	0	0	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	1	0	0	0	1
Total	55	0	0	0	55

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	1	0	0	0	1
Total	55	0	0	0	55

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	6.00
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
0.0%	80.2%	0.0%	0.0%	19.8%	100.0%		0.0%
0	1,982,504	0	0	490,669	2,473,173	0	

Belvidere Care Center
1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
Health Service Area 001 Planning Service Area 007

Administrator
William M Bersted

Contact Person and Telephone
Mary Luetkenhaus
815-547-5451

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	6
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	80	76	47	76	42	38	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	76	47	76	42	38	0	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	72
Total Discharges 2007	75
Residents on 12/31/2007	42

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1688	0.0%	11190	38.3%	2694	15572	53.3%	56.1%
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%
TOTALS	1688	0.0%	11190	38.3%	2694	15572	53.3%	56.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	11	31	0	0	0	0	0	0	11	31	42

Belvidere Care Center
1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	1	4	0	42
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
TOTALS	4	33	0	1	4	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	6.00
Certified Aides	12.00
Other Health Staff	9.00
Non-Health Staff	7.00
Totals	39.50

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
28.0%	55.0%	0.0%	0.0%	17.0%	100.0%		0.0%
596,341	1,170,802	0	0	363,059	2,130,202	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143

Administrator
Matthew Nieukirk

Contact Person and Telephone
Becky Polhemus
309-697-4541

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	4
Endocrine/Metabolic	6
Blood Disorders	6
*Nervous System Non Alzheimer	14
Alzheimer Disease	44
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	12
Musculo-skeletal Disorders	40
Injuries and Poisonings	104
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	300	300	272	300	272	28	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	300	300	272	300	272	28	50	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	270
Total Admissions 2007	156
Total Discharges 2007	154
Residents on 12/31/2007	272

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8760	48.0%	73730	67.3%	16790	99280	90.7%	90.7%
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	8760	48.0%	73730	67.3%	16790	99280	90.7%	90.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	21	62	0	0	0	0	0	0	21	62	83
85+	20	133	0	0	0	0	0	0	20	133	153
TOTALS	57	215	0	0	0	0	0	0	57	215	272

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	202	0	0	46	0	272
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
TOTALS	24	202	0	0	46	0	272

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	248	0	0	0	248
Race Unknown	0	0	0	0	0
Total	272	0	0	0	272

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	272	0	0	0	272
Ethnicity Unknown	0	0	0	0	0
Total	272	0	0	0	272

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	31.00
Certified Aides	104.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	212.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.9%	72.2%	0.0%	4.2%	13.7%	100.0%		0.0%
1,726,169	12,648,781	0	735,489	2,401,670	17,512,110	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Paula M Deddo

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	6
Circulatory System	7
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	54	60	54	6	8	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	54	6	8	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	71
Total Discharges 2007	68
Residents on 12/31/2007	54

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1192	40.8%	11355	51.8%	5330	17877	81.6%	81.6%
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%
TOTALS	1192	40.8%	11355	51.8%	5330	17877	81.6%	81.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	6	5	0	0	0	0	0	0	6	5	11
TOTALS	21	33	0	0	0	0	0	0	21	33	54

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BEMENT HEALTH CARE CENTER
601 NORTH MORGAN STREET
BEMENT, IL. 61813

Reference Numbers Facility ID 6000855
Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	30	0	0	17	0	54
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
TOTALS	7	30	0	0	17	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	6.00
Non-Health Staff	21.00
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
23.2%	47.1%	0.0%	0.0%	29.8%	100.0%		0.0%
478,008	971,817	0	0	614,248	2,064,073	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	4
Residents on 12/31/2007	13

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			3650	62.5%	1095	4745	81.3%	81.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	3650	62.5%	1095	4745	81.3%	81.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	2	3	0	0	2	3	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	6	7	0	0	6	7	13

BENJAMIN GREEN-FIELD RESIDENCE
I94 & ROUTE 176
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6014591
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		10	0	0	3	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	3	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	135
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	3.00
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%	67.4%	0.0%	0.0%	32.6%	100.0%		0.0%
0	474,004	0	0	228,856	702,860	0	

BENTON REHAB & HEALTH CARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID 6005391
Health Service Area 005 Planning Service Area 055

Administrator
Ronald Salviero

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information

PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	67	67	55	61	50	17	0	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	67	67	55	61	50	17	0	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	25
Total Discharges 2007	29
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	16619	64.1%	1905	18524	75.7%	75.7%
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	0	0.0%	16619	64.1%	1905	18524	75.7%	75.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	2	0	0	0	0	0	0	5	2	7
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	21	29	0	0	0	0	0	0	21	29	50

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BENTON REHAB & HEALTH CARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID 6005391
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	45	0	0	5	0	50
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
TOTALS	0	45	0	0	5	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	102	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	15.00
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
0.0%	88.4%	0.0%	0.0%	11.6%	100.0%		0.0%
0	1,380,354	0	0	180,317	1,560,671	0	

FACILITY NOTES

Bed Change	10/24/2007	Discontinued 6 Nursing Care beds; facility now authorized for 67 Nursing Care beds.

BERKSHIRE NURSING AND REHAB
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333
Health Service Area 007 Planning Service Area 704

Administrator
DAVID BERKOWITZ

Contact Person and Telephone
DAVID BERKOWITZ
708-488-9850

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	20
Blood Disorders	15
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	2
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	232	232	141	232	129	103	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	232	141	232	129	103	227	232

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	141
Total Admissions 2007	143
Total Discharges 2007	155
Residents on 12/31/2007	129

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5524	6.7%	36476	43.1%	4662	46662	55.1%	55.1%
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%
TOTALS	5524	6.7%	36476	43.1%	4662	46662	55.1%	55.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	4	0	0	0	0	0	0	2	4	6
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	18	26	0	0	0	0	0	0	18	26	44
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	45	84	0	0	0	0	0	0	45	84	129

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BERKSHIRE NURSING AND REHAB
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	89	0	5	10	0	129
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
TOTALS	25	89	0	5	10	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	10	0	0	0	10
Total	129	0	0	0	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	9	0	0	0	9
Total	129	0	0	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	21.00
Certified Aides	49.00
Other Health Staff	5.00
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
28.1%	61.6%	0.0%	0.0%	10.3%	100.0%		0.0%
2,010,772	4,403,988	0	0	737,154	7,151,914	0	

FACILITY NOTES

Name Change	11/6/2007	Name changed from "The Pavillion of Forest Park".

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 Moran

Contact Person and Telephone
Claudia Moran
618-377-2144

Date Completed
3/27/2008

Registered Agent Information
Linda M. Hart
14 Fall Creek Lane
St. Jacob, IL 62281

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	98	98	92	6	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	92	6	0	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	121
Total Discharges 2007	115
Residents on 12/31/2007	92

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	26380	73.7%	8046	34426	96.2%	96.2%
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%
TOTALS	0	0.0%	26380	73.7%	8046	34426	96.2%	96.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	23	0	0	0	0	0	0	2	23	25
85+	4	59	0	0	0	0	0	0	4	59	63
TOTALS	6	86	0	0	0	0	0	0	6	86	92

BETHALTO CARE CENTER
815 S. PRAIRIE STREET
BETHALTO, IL. 62010

Reference Numbers Facility ID 6000863
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	0	0	23	0	92
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
TOTALS	0	69	0	0	23	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	35.00
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
0.0%	44.7%	0.0%	0.0%	55.3%	100.0%		0.0%
0	1,491,104	0	0	1,848,293	3,339,397	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information
Daniel Maher
926 South Seventh Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	25
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	90	90	89	90	87	3	20	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	89	90	87	3	20	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	327
Total Discharges 2007	323
Residents on 12/31/2007	87

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7087	97.1%	13846	42.1%	9830	30763	93.6%	93.6%
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%
TOTALS	7087	97.1%	13846	42.1%	9830	30763	93.6%	93.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	12	23	0	0	0	0	0	0	12	23	35
85+	5	32	0	0	0	0	0	0	5	32	37
TOTALS	19	68	0	0	0	0	0	0	19	68	87

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BETHANY HLTH CARE & REHAB CTR.
3298 RESOURCE PARKWAY
DEKALB, IL. 60115

Reference Numbers Facility ID 6014872
Health Service Area 001 Planning Service Area 037

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	3	0	28	0	87
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
TOTALS	18	38	3	0	28	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	3.00
Non-Health Staff	12.00
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
49.9%	22.9%	0.0%	4.1%	23.2%	100.0%		0.0%
3,197,745	1,469,514	0	261,178	1,485,682	6,414,119	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BETHANY TERRACE NURSING CENTRE
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889
Health Service Area 007 Planning Service Area 702

Administrator
David B Randle

Contact Person and Telephone
David B Randle
847-965-8100

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	13
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	68
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	15
Digestive System	13
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	273	246	182	246	156	117	93	273
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	0	0	0	0	2		
TOTAL BEDS	275	246	182	246	156	119	93	273

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	167
Total Admissions 2007	507
Total Discharges 2007	518
Residents on 12/31/2007	156

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6573	19.4%	32674	32.8%	21853	61100	61.3%	68.0%
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	6573	19.4%	32674	32.8%	21853	61100	60.9%	68.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	20	77	0	0	0	0	0	0	20	77	97
TOTALS	41	115	0	0	0	0	0	0	41	115	156

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BETHANY TERRACE NURSING CENTRE
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	84	0	2	55	0	156
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
TOTALS	15	84	0	2	55	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	191
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

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	75.00
Other Health Staff	17.00
Non-Health Staff	65.00
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
17.8%	37.1%	0.0%	1.0%	44.1%	100.0%		0.0%
1,853,269	3,853,082	0	108,019	4,582,962	10,397,332	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
773-622-6144

Date Completed
7/10/2008

Registered Agent Information
Julie Boggess
2833 N. Nordica Avenue
Chicago, IL 60634

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	82

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	113	82	113	62	51	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	35	22	35	20	29		
TOTAL BEDS	162	148	104	148	82	80	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	150
Total Discharges 2007	165
Residents on 12/31/2007	82

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4025	0.0%	6105	0.0%	15684	25814	62.6%	62.6%
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					7464	7464	41.7%	58.4%
TOTALS	4025	0.0%	6105	0.0%	23148	33278	56.3%	61.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	3	3
75 to 84	4	7	0	0	0	0	1	6	5	13	18
85+	11	38	0	0	0	0	7	5	18	43	61
TOTALS	15	47	0	0	0	0	8	12	23	59	82

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID 6006688
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	17	0	0	38	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	7	17	0	0	58	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	20	82
Race Unknown	0	0	0	0	0
Total	62	0	0	20	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	20	82
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	20	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.44
LPN's	3.60
Certified Aides	30.00
Other Health Staff	3.49
Non-Health Staff	36.94
Totals	85.47

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
26.1%	9.1%	0.0%	0.0%	64.9%	100.0%		5.6%
1,609,967	559,443	0	0	4,003,370	6,172,780	345,619	

FACILITY NOTES

Bed Change	3/15/2007	Discontinued 19 nursing care beds and added 19 sheltered care beds; facility now has 113 nursing care and 49 sheltered care beds.

BETHESDA LUTHERAN HOME
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID 6012116
Health Service Area 001 Planning Service Area 037

Administrator
Donna Allgood

Contact Person and Telephone
Donna Allgood
815-230-4904

Date Completed
4/21/2008

Registered Agent Information
Bethesda Lutheran Homes and Services,
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	14	2	0	16

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	14

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5167	88.5%	0	5167	88.5%	94.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5167	88.5%	0	5167	88.5%	94.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	4	0	0	5	4	9
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	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

BETHESDA LUTHERAN HOME
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID 6012116
Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	144	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%	80.1%	0.0%	0.0%	19.9%	100.0%		0.0%
0	588,502	0	0	146,407	734,909	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BETHESDA LUTHERAN HOME-AURORA
1480 RECKINGER ROAD
AURORA, IL. 60505

Reference Numbers Facility ID 6012256
Health Service Area 008 Planning Service Area 089

Administrator
Greg Roessler

Contact Person and Telephone
Gary Anderson
630-851-6777

Date Completed
5/29/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	44
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	45	45	44	45	44	1		45
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	44	45	44	1	0	45

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	44

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			16060	97.8%	0	16060	97.8%	97.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	16060	97.8%	0	16060	97.8%	97.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	14	0	0	10	14	24
45 to 59	0	0	0	0	8	7	0	0	8	7	15
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	20	24	0	0	20	24	44

BETHESDA LUTHERAN HOME-AURORA
1480 RECKINGER ROAD
AURORA, IL. 60505

Reference Numbers Facility ID 6012256
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		44	0	0	0	0	44
Sheltered Care			0	0	0	0	0
TOTALS	0	44	0	0	0	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	202	171
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	41	0	41
Race Unknown	0	0	0	0	0
Total	0	0	44	0	44

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	42	0	42
Ethnicity Unknown	0	0	0	0	0
Total	0	0	44	0	44

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	0.00
Other Health Staff	34.00
Non-Health Staff	12.00
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%	88.8%	0.0%	0.0%	11.2%	100.0%		0.0%
0	2,437,891	0	0	307,490	2,745,381	0	

BETHESDA LUTHERAN HOME-MONTGOM
1205 SOUTH SPENCER
AURORA, IL. 60505

Reference Numbers Facility ID 6011704
Health Service Area 008 Planning Service Area 089

Administrator
Donna Allgood

Contact Person and Telephone
Donna Allgood
815-230-4904

Date Completed
4/21/2008

Registered Agent Information
Bethesda Lutheran Homes and Services,
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	16
Total Discharges 2007	16
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5605	96.0%	0	5605	96.0%	96.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5605	96.0%	0	5605	96.0%	96.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	3	6	9
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	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

BETHESDA LUTHERAN HOME-MONTGOM
1205 SOUTH SPENCER
AURORA, IL. 60505

Reference Numbers Facility ID 6011704
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	135	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%	84.2%	0.0%	0.0%	15.8%	100.0%		0.0%
0	657,259	0	0	123,656	780,915	0	

BETHESDA LUTHERAN HOME-PLAINFI
805 EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894
Health Service Area 009 Planning Service Area 197

Administrator
Donna Allgood

Contact Person and Telephone
Donna Allgood
815-230-4904

Date Completed
4/21/2008

Registered Agent Information
Bethesda Lutheran Homes and Services,
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5633	96.5%	0	5633	96.5%	96.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5633	96.5%	0	5633	96.5%	96.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	8	8	0	0	8	8	16

BETHESDA LUTHERAN HOME-PLAINFI
805 EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%	81.7%	0.0%	0.0%	18.3%	100.0%		0.0%
0	644,806	0	0	144,642	789,448	0	

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
Laura Kirchhoff
708-371-0800

Date Completed
4/15/2008

Registered Agent Information
Joseph Lanenga
12927 S Monitor Ave

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	45

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			15957	97.2%	0	15957	97.2%	97.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	15957	97.2%	0	15957	97.2%	97.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	13	0	0	6	13	19
45 to 59	0	0	0	0	12	4	0	0	12	4	16
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	22	23	0	0	22	23	45

BETHSHAN
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000905
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		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	155	155
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	8.00
Non-Health Staff	9.00
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%	88.6%	10.9%	0.0%	0.4%	100.0%		0.0%
0	2,247,597	277,515	0	10,265	2,535,377	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BETHSHAN II
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000913
Health Service Area 007 Planning Service Area 705

Administrator
FREA W. MARS

Contact Person and Telephone
FREA W. MARS
708-388-1888

Date Completed
3/27/2008

Registered Agent Information
Joseph Lanenga
12927 S. Monitor Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5359	91.8%	0	5359	91.8%	91.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5359	91.8%	0	5359	91.8%	91.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

BETHSHAN II
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000913
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		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	155	155
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	2.00
Non-Health Staff	2.00
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%	85.9%	13.5%	0.0%	0.6%	100.0%		0.0%
0	756,352	119,091	0	5,525	880,968	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	256
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	256

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	300	288	262	288	256	44		279
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	288	262	288	256	44	0	279

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	262
Total Admissions 2007	16
Total Discharges 2007	22
Residents on 12/31/2007	256

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			89279	87.7%	4027	93306	85.2%	88.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	89279	87.7%	4027	93306	85.2%	88.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	52	33	0	0	52	33	85
45 to 59	0	0	0	0	66	54	0	0	66	54	120
60 to 64	0	0	0	0	14	9	0	0	14	9	23
65 to 74	0	0	0	0	15	5	0	0	15	5	20
75 to 84	0	0	0	0	4	4	0	0	4	4	8
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	151	105	0	0	151	105	256

BEVERLY FARM FOUNDATION
6301 HUMBERT ROAD
GODFREY, IL. 62035

Reference Numbers Facility ID 6000947
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		179	33	44	0	0	256
Sheltered Care			0	0	0	0	0
TOTALS	0	179	33	44	0	0	256

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	128	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	15	0	15
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	239	0	239
Race Unknown	0	0	0	0	0
Total	0	0	256	0	256

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	251	0	251
Ethnicity Unknown	0	0	0	0	0
Total	0	0	256	0	256

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	171.00
Other Health Staff	31.00
Non-Health Staff	99.00
Totals	327.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	8,702,230	1,640,866	0	2,118,144	12,461,240	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BIG MEADOWS INC
1000 LONGMOOR
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962
Health Service Area 001 Planning Service Area 015

Administrator
Jim Harkness

Contact Person and Telephone
Stacey Sandholdt
815-273-2238

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	2
Circulatory System	16
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	98	84	98	73	25	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	84	98	73	25	0	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	55
Total Discharges 2007	52
Residents on 12/31/2007	73

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	21170	59.2%	6530	27700	77.4%	77.4%
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%
TOTALS	0	0.0%	21170	59.2%	6530	27700	77.4%	77.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	0	0	0	0	3	1	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	26	47	0	0	0	0	0	0	26	47	73

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BIG MEADOWS INC
1000 LONGMOOR
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962
Health Service Area 001 Planning Service Area 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	51	0	0	22	0	73
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
TOTALS	0	51	0	0	22	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	3	0	0	0	3
Total	73	0	0	0	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.49
LPN's	6.80
Certified Aides	21.40
Other Health Staff	24.66
Non-Health Staff	11.88
Totals	71.23

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
0.0%	68.7%	0.0%	0.0%	31.3%	100.0%		0.0%
0	2,263,074	0	0	1,031,272	3,294,346	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	17
Endocrine/Metabolic	47
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	200	200	164	200	163	37	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	164	200	163	37	200	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	248
Total Discharges 2007	236
Residents on 12/31/2007	163

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2716	3.7%	42569	58.3%	12682	57967	79.4%	79.4%
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%
TOTALS	2716	3.7%	42569	58.3%	12682	57967	79.4%	79.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	1	0	0	0	0	0	0	3	1	4
65 to 74	7	26	0	0	0	0	0	0	7	26	33
75 to 84	9	32	0	0	0	0	0	0	9	32	41
85+	15	67	0	0	0	0	0	0	15	67	82
TOTALS	35	128	0	0	0	0	0	0	35	128	163

BIRCHWOOD PLAZA
1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000988
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	115	0	0	38	0	163
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
TOTALS	10	115	0	0	38	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	163	0	0	0	163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	2.00
Certified Aides	33.00
Other Health Staff	1.00
Non-Health Staff	28.00
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
11.1%	56.7%	0.0%	0.7%	31.4%	100.0%		0.0%
894,932	4,550,191	0	59,609	2,525,327	8,030,059	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Bjorkland 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
6/27/2008

Registered Agent Information
Grant D. Erickson
1625 Shermer Rd.
Northbrook, IL 60062

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5749	#Div/0!	0	5749	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5749	0.0%	0	5749	98.4%	98.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	8	0	0	8	8	16

Bjorkland House
15841 Terrace Drive
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6013999
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	149
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Totals	28.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	835,602	0	0	0	835,602	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Blackhawk Group Home
735 North Dixon
DIXON, IL. 61021

Reference Numbers Facility ID 6011795
Health Service Area 001 Planning Service Area 103

Administrator
Connie Foster

Contact Person and Telephone
Connie Foster
815-288-6691 ext. 295

Date Completed
4/28/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5383	98.3%	0	5383	98.3%	98.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5383	98.3%	0	5383	98.3%	98.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	5	0	0	3	5	8
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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	9	0	0	6	9	15

Blackhawk Group Home
735 North Dixon
DIXON, IL. 61021

Reference Numbers Facility ID 6011795
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	142	135
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.90
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	8.65

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
0.0%	12.2%	87.1%	0.0%	0.7%	100.0%		0.0%
0	87,633	628,133	0	5,053	720,819	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Mary Courty
217-223-8400, 6897

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	44	20	20	20	16	28	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	44	20	20	20	16	28	20	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	18
Total Admissions 2007	510
Total Discharges 2007	512
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5516	75.6%	0	0.0%	723	6239	38.8%	85.5%
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	5516	75.6%	0	0.0%	723	6239	38.8%	85.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	9	7	0	0	0	0	0	0	9	7	16

BLESSING HOSPITAL
BROADWAY AT 11TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6011977
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	1	0	0	16
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
TOTALS	15	0	0	1	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	526	477
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	16	0	0	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	4.40
Certified Aides	8.00
Other Health Staff	1.20
Non-Health Staff	2.00
Totals	27.10

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Bloomington Rehabilitation and Health CC
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
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	2
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	78	61	54	61	42	36	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	61	54	61	42	36	26	78

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	43
Total Admissions 2007	53
Total Discharges 2007	54
Residents on 12/31/2007	42

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1677	17.7%	13345	46.9%	1234	16256	57.1%	73.0%
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	1677	17.7%	13345	46.9%	1234	16256	57.1%	73.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	20	22	0	0	0	0	0	0	20	22	42

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Bloomington Rehabilitation and Health CC
1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Reference Numbers Facility ID 6000996
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	2	0	42
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
TOTALS	6	34	0	0	2	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
32.1%	58.6%	0.0%	0.0%	9.3%	100.0%		0.0%
643,472	1,175,073	0	273	186,787	2,005,605	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BLU FOUNTAIN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028
Health Service Area 011 Planning Service Area 119

Administrator
Don Dill

Contact Person and Telephone
Don Dill
618-466-0443

Date Completed
5/5/2008

Registered Agent Information
LT National Corporate Research Register
520 South 2nd Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	68	65	60	65	57	11	28	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	65	60	65	57	11	28	68

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	44
Total Discharges 2007	41
Residents on 12/31/2007	57

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2120	20.7%	14142	57.0%	4056	20318	81.9%	85.6%
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%
TOTALS	2120	20.7%	14142	57.0%	4056	20318	81.9%	85.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	13	0	0	0	0	0	0	3	13	16
85+	3	35	0	0	0	0	0	0	3	35	38
TOTALS	7	50	0	0	0	0	0	0	7	50	57

BLU FOUNTAIN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028
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	4	42	0	0	11	0	57
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
TOTALS	4	42	0	0	11	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	57	0	0	0	57
Total	57	0	0	0	57

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	26.00
Other Health Staff	0.00
Non-Health Staff	14.00
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
23.6%	55.6%	0.0%	3.5%	17.2%	100.0%		0.0%
684,328	1,610,172	0	101,907	499,309	2,895,716	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Blue Island Nursing Home
2427 West 127th Street
BLUE ISLAND, IL. 60406

Reference Numbers Facility ID 6001036
Health Service Area 007 Planning Service Area 705

Administrator

Contact Person and Telephone
Zohar Hochenbaum
708-389-7799

Date Completed
5/2/2008

Registered Agent Information
PYES & CHERIN, LLP
29 S LASALLE ST, SUITE 1100

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	0
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	8
Non-Medical Conditions	0
TOTALS	29

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	29	30	29	1	0	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	30	30	29	30	29	1	0	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	27
Total Admissions 2007	28
Total Discharges 2007	26
Residents on 12/31/2007	29

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	9415	86.0%	10	9425	86.1%	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%
TOTALS	0	0.0%	9415	86.0%	10	9425	86.1%	86.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	2	1	0	0	0	0	0	0	2	1	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	14	15	0	0	0	0	0	0	14	15	29

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Blue Island Nursing Home
2427 West 127th Street
BLUE ISLAND, IL. 60406

Reference Numbers Facility ID 6001036
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	0	0	0	0	29
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
TOTALS	0	29	0	0	0	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	23.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	940,014	0	0	0	940,014	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BOULEVARD CARE CENTER
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126
Health Service Area 006 Planning Service Area 603

Administrator
Eli Ray

Contact Person and Telephone
Eli Ray
312-791-0035

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Endocrine/Metabolic	11
Blood Disorders	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	7
Developmental Disability	1
Circulatory System	23
Respiratory System	14
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	10
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	140

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	148	155	140	15	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	148	155	140	15	155	155

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	143
Total Admissions 2007	128
Total Discharges 2007	131
Residents on 12/31/2007	140

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3189	5.6%	45658	80.7%	2132	50979	90.1%	90.1%
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%
TOTALS	3189	5.6%	45658	80.7%	2132	50979	90.1%	90.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	46	17	0	0	0	0	0	0	46	17	63
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	18	8	0	0	0	0	0	0	18	8	26
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	89	51	0	0	0	0	0	0	89	51	140

BOULEVARD CARE CENTER
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	117	6	0	0	0	140
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
TOTALS	17	117	6	0	0	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	135	0	0	0	135
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	17.50
Certified Aides	34.45
Other Health Staff	13.24
Non-Health Staff	28.95
Totals	102.64

NET REVENUE BY PAYOR 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%	79.8%	0.0%	0.0%	0.2%	100.0%		0.0%
1,276,414	5,083,783	0	0	10,458	6,370,655	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BOURBONNAIS TERRACE
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
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	192
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	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	MEDICAID CERTIFIED
Nursing Care	197	197	197	197	192	5	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	197	197	192	5	0	197

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	192
Total Admissions 2007	108
Total Discharges 2007	108
Residents on 12/31/2007	192

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	67890	94.4%	2090	69980	97.3%	97.3%
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%
TOTALS	0	0.0%	67890	94.4%	2090	69980	97.3%	97.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	33	17	0	0	0	0	0	0	33	17	50
45 to 59	54	35	0	0	0	0	0	0	54	35	89
60 to 64	9	10	0	0	0	0	0	0	9	10	19
65 to 74	11	14	0	0	0	0	0	0	11	14	25
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	111	81	0	0	0	0	0	0	111	81	192

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BOURBONNAIS TERRACE
133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6001069
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	186	0	0	6	0	192
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
TOTALS	0	186	0	0	6	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	56	0	0	0	56
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

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	52.00
Other Health Staff	3.00
Non-Health Staff	50.00
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
0.0%	96.1%	0.0%	0.0%	3.9%	100.0%		0.0%
0	6,282,556	0	0	255,831	6,538,387	0	

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
4/26/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	6	0	0	0	6	0	6

BOYD AVENUE
110 SOUTH BOYD AVENUE
AMBOY, IL. 61310

Reference Numbers Facility ID 6013635
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	187	178
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.25

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%	10.7%	89.2%	0.0%	0.0%	100.0%		0.0%
0	41,789	347,206	0	102	389,097	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555
Health Service Area 006 Planning Service Area 601

Administrator

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/30/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.31
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	8.96

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
0.0%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	657,138	79,108	0	1,921	738,167	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001085
Health Service Area 009 Planning Service Area 091

Administrator
PENNY VARNAVAS

Contact Person and Telephone
PENNY VARNAVAS
815-933-1666

Date Completed
5/2/2008

Registered Agent Information
Penny Varnavas-Vassiliou
650 Borth Kinzie Avenue

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	111

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	114	120	111	9	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	120	120	114	120	111	9	0	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	102
Total Admissions 2007	47
Total Discharges 2007	38
Residents on 12/31/2007	111

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	28370	67.6%	10480	38850	88.7%	88.7%
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	0	0.0%	28370	67.6%	10480	38850	88.7%	88.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	16	0	0	0	0	0	0	7	16	23
85+	11	70	0	0	0	0	0	0	11	70	81
TOTALS	20	91	0	0	0	0	0	0	20	91	111

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001085
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	82	0	0	29	0	111
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
TOTALS	0	82	0	0	29	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

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	35.00
Other Health Staff	0.00
Non-Health Staff	32.00
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%	67.7%	0.0%	0.0%	32.3%	100.0%		0.0%
0	2,620,786	0	0	1,251,233	3,872,019	0	

BRAUNS TERRACE
1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6012090
Health Service Area 005 Planning Service Area 005

Administrator
Angela Hnatowich

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Reference Numbers Facility ID 6012090
Health Service Area 005 Planning Service Area 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	11.25

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%	87.0%	0.0%	0.0%	13.0%	100.0%		0.0%
0	602,022	0	0	90,230	692,252	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Breese Nursing Home
1155 North First Street
BREESE, IL. 62230

Reference Numbers Facility ID 6001101
Health Service Area 011 Planning Service Area 027

Administrator
Barb Berndsen

Contact Person and Telephone
Barb Berndsen
618-526-4521

Date Completed
5/4/2008

Registered Agent Information
Mr. Garrett C Reuter
12 Wolf Creek Drive, Suite 100

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	2
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	112	112	84	112	66	46	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	84	112	66	46	38	112

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	110
Total Discharges 2007	117
Residents on 12/31/2007	66

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2966	21.4%	12901	31.6%	9347	25214	61.7%	61.7%
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	2966	21.4%	12901	31.6%	9347	25214	61.7%	61.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	13	27	0	0	0	0	0	0	13	27	40
TOTALS	27	39	0	0	0	0	0	0	27	39	66

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Breese Nursing Home
1155 North First Street
BREESE, IL. 62230

Reference Numbers Facility ID 6001101
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	5	34	0	0	27	0	66
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
TOTALS	5	34	0	0	27	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	13.00
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
39.4%	33.2%	0.0%	0.0%	27.4%	100.0%		0.0%
1,466,986	1,237,940	0	0	1,019,514	3,724,440	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	15
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	36
Respiratory System	19
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	21
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	163	163	158	163	128	35	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	158	163	128	35	163	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	130
Total Admissions 2007	2390
Total Discharges 2007	2392
Residents on 12/31/2007	128

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	32138	54.0%	0	0.0%	17752	49890	83.9%	83.9%
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	32138	54.0%	0	0.0%	17752	49890	83.9%	83.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	5	0	0	0	0	0	0	2	5	7
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	16	33	0	0	0	0	0	0	16	33	49
85+	17	26	0	0	0	0	0	0	17	26	43
TOTALS	44	84	0	0	0	0	0	0	44	84	128

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	96	0	0	24	8	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
TOTALS	96	0	0	24	8	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	475	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	44.00
LPN's	50.00
Certified Aides	70.00
Other Health Staff	119.00
Non-Health Staff	62.00
Totals	347.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
66.8%	0.0%	0.0%	30.6%	2.7%	100.0%		0.0%
13,565,605	0	0	6,213,061	542,062	20,320,728	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRENTWOOD-NORTH NURSING CENTER
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 097

Administrator
Michelle Pardun

Contact Person and Telephone
Michelle Pardun
847-947-9000

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	19
Mental Illness	4
Developmental Disability	0
Circulatory System	36
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	8
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	112

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	200	133	200	112	128	240	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	240	200	133	200	112	128	240	128

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	110
Total Admissions 2007	425
Total Discharges 2007	423
Residents on 12/31/2007	112

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11457	13.1%	16462	35.2%	15943	43862	50.1%	60.1%
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%
TOTALS	11457	13.1%	16462	35.2%	15943	43862	50.1%	60.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	2	6	8
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	10	13	0	0	0	0	0	0	10	13	23
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	27	85	0	0	0	0	0	0	27	85	112

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRENTWOOD-NORTH NURSING CENTER
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	42	0	4	43	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
TOTALS	23	42	0	4	43	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	1	0	0	0	1
Total	112	0	0	0	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	10.00
Certified Aides	51.00
Other Health Staff	5.00
Non-Health Staff	33.00
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
50.1%	15.3%	0.0%	6.1%	28.4%	100.0%		0.0%
5,060,600	1,545,854	0	618,787	2,868,087	10,093,328	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143
Health Service Area 007 Planning Service Area 705

Administrator
Marie Hilda Derzsy

Contact Person and Telephone
Marie Hilda Derzsy
708-246-8500

Date Completed
5/5/2008

Registered Agent Information
Meyer Magence
8320 Skokie Boulevard

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Blood Disorders	3
*Nervous System Non Alzheimer	19
Alzheimer Disease	3
Mental Illness	70
Developmental Disability	5
Circulatory System	29
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	18
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	224

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	232	232	232	232	224	8	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	224	8	88	232

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	219
Total Admissions 2007	107
Total Discharges 2007	102
Residents on 12/31/2007	224

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2161	6.7%	68617	81.0%	11585	82363	97.3%	97.3%
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%
TOTALS	2161	6.7%	68617	81.0%	11585	82363	97.3%	97.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	13	0	0	0	0	0	0	24	13	37
45 to 59	55	30	0	0	0	0	0	0	55	30	85
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	15	17	0	0	0	0	0	0	15	17	32
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	122	102	0	0	0	0	0	0	122	102	224

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	199	9	1	8	0	224
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
TOTALS	7	199	9	1	8	0	224

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	10	0	0	0	10
Total	224	0	0	0	224

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	224	0	0	0	224

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	39.00
Other Health Staff	4.00
Non-Health Staff	76.00
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
5.0%	87.0%	3.2%	1.1%	3.7%	100.0%		0.0%
466,388	8,077,245	293,225	99,015	343,502	9,279,375	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320
Health Service Area 002 Planning Service Area 179

Administrator
John Mirecki

Contact Person and Telephone
John Mirecki
309-698-9200

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	4
Residents on 12/31/2007	12

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5063	86.7%	0	5063	86.7%	86.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5063	86.7%	0	5063	86.7%	86.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320
Health Service Area 002 Planning Service Area 179

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		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	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	682,457	0	0	0	682,457	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Martha Peck
708-594-5440

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	1
Circulatory System	39
Respiratory System	45
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	146	146	137	146	137	9	97	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	137	146	137	9	97	146

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	305
Total Discharges 2007	290
Residents on 12/31/2007	137

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5526	15.6%	26122	49.0%	16876	48524	91.1%	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%
TOTALS	5526	15.6%	26122	49.0%	16876	48524	91.1%	91.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	19	0	0	0	0	0	0	5	19	24
75 to 84	13	27	0	0	0	0	0	0	13	27	40
85+	21	44	0	0	0	0	0	0	21	44	65
TOTALS	45	92	0	0	0	0	0	0	45	92	137

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIDGEVIEW HEALTH CARE CENTER
8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6001168
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	73	0	0	50	0	137
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
TOTALS	14	73	0	0	50	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

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	46.00
Other Health Staff	0.00
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
31.9%	45.4%	0.0%	0.0%	22.7%	100.0%		0.0%
2,361,634	3,363,364	0	0	1,682,502	7,407,501	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRIDGEWAY CHR VLG REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 6000353
Health Service Area 007 Planning Service Area 703

Administrator
John S. Hurley

Contact Person and Telephone
John S. Hurley
630-521-8012

Date Completed
7/17/2008

Registered Agent Information
Dr. Timothy Phillippe
200 N. Postville Drive
Lincoln, IL 62656

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	106
Non-Medical Conditions	0
TOTALS	146

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	200	152	200	146	76	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	222	200	152	200	146	76	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	209
Total Discharges 2007	180
Residents on 12/31/2007	146

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9551	0.0%	20692	0.0%	17863	48106	59.4%	65.9%
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	9551	0.0%	20692	0.0%	17863	48106	59.4%	65.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	4	7	11
75 to 84	8	32	0	0	0	0	0	0	8	32	40
85+	12	79	0	0	0	0	0	0	12	79	91
TOTALS	27	119	0	0	0	0	0	0	27	119	146

BRIDGEWAY CHR VLG REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 6000353
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	61	10	1	36	0	146
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
TOTALS	38	61	10	1	36	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	247
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	2	0	0	0	2
Total	146	0	0	0	146

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	46.00
Other Health Staff	3.00
Non-Health Staff	80.00
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
39.3%	26.7%	0.0%	1.7%	32.3%	100.0%		0.0%
1,894,424	1,284,981	0	80,695	1,555,999	4,816,099	0	

FACILITY NOTES

Name Change	11/1/2007	Name changed from "Anchorage of Bensenville".
Bed Change	2/5/2007	Discontinued 3 nursing care beds; bed totals now 222 nursing care beds.

BRIGHTON GARDENS OF PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
Health Service Area 007 Planning Service Area 701

Administrator
Scott Steinmetz

Contact Person and Telephone
Scott Steinmetz
847-797-2700

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	7
*Nervous System Non Alzheimer	5
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	26	30	18	12	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	128	106	96	106	88	40		
TOTAL BEDS	158	136	122	136	106	52	30	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	314
Total Discharges 2007	320
Residents on 12/31/2007	106

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4975	45.4%	0	0.0%	2153	7128	65.1%	65.1%
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					31983	31983	68.5%	82.7%
TOTALS	4975	45.4%	0	0.0%	34136	39111	67.8%	78.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	1	1	1	2
75 to 84	2	6	0	0	0	0	6	12	8	18	26
85+	2	7	0	0	0	0	15	53	17	60	77
TOTALS	5	13	0	0	0	0	22	66	27	79	106

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIGHTON GARDENS OF PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	0	7	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	88	0	88
TOTALS	11	0	0	0	95	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	118	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	87	104
Race Unknown	0	0	0	0	0
Total	18	0	0	88	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	88	106
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	88	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.20
LPN's	5.30
Certified Aides	8.80
Other Health Staff	2.10
Non-Health Staff	63.60
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
36.7%	0.0%	0.0%	0.0%	63.3%	100.0%		0.0%
2,438,492	0	0	0	4,208,608	6,647,100	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRIGHTON GARDENS-BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216
Health Service Area 007 Planning Service Area 703

Administrator
Carole Considine

Contact Person and Telephone
Carole Considine
630-920-2900

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	43
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	29
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	30	29	30	26	4	4	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	102	102	98	102	96	6		
TOTAL BEDS	132	132	127	132	122	10	4	4

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	129
Total Admissions 2007	215
Total Discharges 2007	222
Residents on 12/31/2007	122

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5903	404.3%	0	0.0%	3884	9787	89.4%	89.4%
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					34689	34689	93.2%	93.2%
TOTALS	5903	404.3%	0	0.0%	38573	44476	92.3%	92.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	1	0	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	4	1	5	6
75 to 84	3	2	0	0	0	0	2	20	5	22	27
85+	4	15	0	0	0	0	10	59	14	74	88
TOTALS	8	18	0	0	0	0	13	83	21	101	122

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRIGHTON GARDENS-BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216
Health Service Area 007 Planning Service Area 703

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	0	10	0	26
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	96	0	96
TOTALS	16	0	0	0	106	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	26	0	0	96	122
Race Unknown	0	0	0	0	0
Total	26	0	0	96	122

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	96	122
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	96	122

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	36.00
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
76.8%	0.0%	0.0%	0.0%	23.2%	100.0%		0.0%
2,966,067	0	0	0	898,108	3,864,175	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BRIGHTVIEW CARE CENTER
4538 North Beacon
CHICAGO, IL. 60640

Reference Numbers Facility ID 6001176
Health Service Area 006 Planning Service Area 601

Administrator
Nesanel Davis

Contact Person and Telephone
Nathan Davis

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	48
Alzheimer Disease	11
Mental Illness	16
Developmental Disability	4
Circulatory System	18
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	143	135	143	126	17	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	135	143	126	17	143	143

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	114
Total Admissions 2007	343
Total Discharges 2007	331
Residents on 12/31/2007	126

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2930	5.6%	43726	83.8%	156	46812	89.7%	89.7%
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	2930	5.6%	43726	83.8%	156	46812	89.7%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	8	3	11
45 to 59	24	8	0	0	0	0	0	0	24	8	32
60 to 64	9	10	0	0	0	0	0	0	9	10	19
65 to 74	23	12	0	0	0	0	0	0	23	12	35
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	75	51	0	0	0	0	0	0	75	51	126

BRIGHTVIEW CARE CENTER
4538 North Beacon
CHICAGO, IL. 60640

Reference Numbers Facility ID 6001176
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	96	18	0	0	0	126
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
TOTALS	12	96	18	0	0	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	9	0	0	0	9
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	34.00
Other Health Staff	5.00
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
14.7%	79.2%	0.0%	3.7%	2.4%	100.0%		0.0%
905,168	4,858,200	0	227,292	146,087	6,136,748	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/8/2008

Registered Agent Information
Dennis Sonnenberg
8700 West 31st Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	3
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	72	72	72	72	55	17	46	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	18	2		
TOTAL BEDS	92	92	92	92	73	19	46	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	383
Total Discharges 2007	391
Residents on 12/31/2007	73

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11245	67.0%	0	0.0%	18397	29642	112.8%	112.8%
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					71	71	1.0%	1.0%
TOTALS	11245	67.0%	0	0.0%	18468	29713	88.5%	88.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	2	2	4
75 to 84	8	8	0	0	0	0	1	3	9	11	20
85+	6	31	0	0	0	0	1	11	7	42	49
TOTALS	15	40	0	0	0	0	3	15	18	55	73

BRITISH HOME
8700 West 31st Street
BROOKFIELD, IL. 60513

Reference Numbers Facility ID 6001184
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	0	0	0	31	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	18	0	18
TOTALS	24	0	0	0	49	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	256
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	176	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	18	73
Race Unknown	0	0	0	0	0
Total	55	0	0	18	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	54	0	0	18	72
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	18	73

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.80
LPN's	8.60
Certified Aides	35.00
Other Health Staff	4.00
Non-Health Staff	0.00
Totals	61.40

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
37.4%	0.0%	0.0%	0.0%	62.6%	100.0%		0.0%
4,759,161	0	0	0	7,967,777	12,726,938	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6012959
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
5/1/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5567	95.3%	0	5567	95.3%	95.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5567	95.3%	0	5567	95.3%	95.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	4	0	0	3	4	7
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	7	0	0	8	7	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6012959
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		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	148
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	15	0	15
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.42
LPN's	0.00
Certified Aides	6.79
Other Health Staff	0.66
Non-Health Staff	2.02
Totals	10.14

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	718,201	0	0	143,439	861,640	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Bronzeville Park Skilled Nursing & Livin
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689
Health Service Area 006 Planning Service Area 603

Administrator
Tony Prather

Contact Person and Telephone
Tony Prather
312-842-5000

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Endocrine/Metabolic	65
Blood Disorders	3
*Nervous System Non Alzheimer	64
Alzheimer Disease	23
Mental Illness	11
Developmental Disability	1
Circulatory System	57
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	270

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	302	294	270	294	270	32	322	322
Skilled Under 22	0	0	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	294	270	294	270	32	322	322

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	272
Total Admissions 2007	366
Total Discharges 2007	368
Residents on 12/31/2007	270

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10870	9.2%	74499	63.4%	11424	96793	87.8%	90.2%
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%
TOTALS	10870	9.2%	74499	63.4%	11424	96793	87.8%	90.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	44	16	0	0	0	0	0	0	44	16	60
60 to 64	18	10	0	0	0	0	0	0	18	10	28
65 to 74	30	25	0	0	0	0	0	0	30	25	55
75 to 84	32	32	0	0	0	0	0	0	32	32	64
85+	12	44	0	0	0	0	0	0	12	44	56
TOTALS	141	129	0	0	0	0	0	0	141	129	270

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Bronzeville Park Skilled Nursing & Livin
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	214	16	3	7	0	270
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
TOTALS	30	214	16	3	7	0	270

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	267	0	0	0	267
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	270	0	0	0	270

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	270	0	0	0	270
Ethnicity Unknown	0	0	0	0	0
Total	270	0	0	0	270

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	31.00
Certified Aides	91.00
Other Health Staff	10.00
Non-Health Staff	32.00
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
34.3%	57.0%	0.6%	0.0%	8.1%	100.0%		0.0%
5,018,054	8,334,646	88,701	0	1,182,479	14,623,882	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BROOKE HILL
RURAL ROUTE #3 UPCHURCH ST
ELDORADO, IL. 62930

Reference Numbers Facility ID 6012124
Health Service Area 005 Planning Service Area 059

Administrator
David Roberts

Contact Person and Telephone
DIANN BLACK
618-262-8614

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
IND PROPRIETORSHIP

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	3
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5362	91.8%	0	5362	91.8%	91.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5362	91.8%	0	5362	91.8%	91.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	11	4	0	0	11	4	15

BROOKE HILL
RURAL ROUTE #3 UPCHURCH ST
ELDORADO, IL. 62930

Reference Numbers Facility ID 6012124
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	2.00
Non-Health Staff	0.00
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%		0.0%
0	703,746	0	0	0	703,746	0	

BROOKSIDE MANOR
1740 WEST MCCORD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001218
Health Service Area 011 Planning Service Area 027

Administrator
Lisa Middleton

Contact Person and Telephone
Lisa Middleton
618-532-2428

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	12
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	39	37	39	37	12	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	39	37	39	37	12	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	35
Total Admissions 2007	10
Total Discharges 2007	8
Residents on 12/31/2007	37

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12033	67.3%	1016	13049	73.0%	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	0	0.0%	12033	67.3%	1016	13049	73.0%	91.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	6	3	9
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	19	18	0	0	0	0	0	0	19	18	37

BROOKSIDE MANOR
1740 WEST MCCORD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001218
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	35	0	0	2	0	37
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
TOTALS	0	35	0	0	2	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	28.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	82.0%	0.0%	0.0%	18.0%	100.0%		0.0%
0	953,728	0	0	209,581	1,163,309	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Reference Numbers Facility ID 6001226
Health Service Area 003 Planning Service Area 167

Administrator
Ron Wampler

Contact Person and Telephone
Mary F. Shade
(217) 747-5912

Date Completed
5/2/2008

Registered Agent Information
William J. Sheenam
1214 S 8th Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable 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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	98	97	98	97	2		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	98	97	98	97	2	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	9
Total Discharges 2007	6
Residents on 12/31/2007	97

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			34334	95.0%	730	35064	97.0%	98.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	34334	95.0%	730	35064	97.0%	98.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	0	0	0	14	0	14
45 to 59	0	0	0	0	71	0	0	0	71	0	71
60 to 64	0	0	0	0	6	0	0	0	6	0	6
65 to 74	0	0	0	0	6	0	0	0	6	0	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	97	0	0	0	97	0	97

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Reference Numbers Facility ID 6001226
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		95	1	0	1	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	95	1	0	1	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	92	0	92
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.00
Certified Aides	53.00
Other Health Staff	2.00
Non-Health Staff	31.00
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%	84.4%	1.1%	0.0%	14.4%	100.0%		0.0%
0	3,410,841	46,191	0	583,696	4,040,730	0	

FACILITY NOTES

Bed Change	1/16/2007	Added 3 ICF/DD beds; facility now has 99 ICF/DD beds.

BRYAN MANOR
300 SCHOONOVER DR P O BOX 1205
SALEM, IL. 62881

Reference Numbers Facility ID 6001234
Health Service Area 005 Planning Service Area 121

Administrator
Georgia Miller

Contact Person and Telephone
Carolyn Harper
618-548-4561

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	93
Circulatory System	0
Respiratory System	0
Digestive System	0
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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	93	93	93	93	93	0		93
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	93	93	93	93	0	0	93

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	14
Total Discharges 2007	7
Residents on 12/31/2007	93

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			30354	89.4%	0	30354	89.4%	89.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	30354	89.4%	0	30354	89.4%	89.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	16	8	0	0	16	8	24
45 to 59	0	0	0	0	29	18	0	0	29	18	47
60 to 64	0	0	0	0	7	1	0	0	7	1	8
65 to 74	0	0	0	0	6	3	0	0	6	3	9
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	61	32	0	0	61	32	93

BRYAN MANOR
300 SCHOONOVER DR P O BOX 1205
SALEM, IL. 62881

Reference Numbers Facility ID 6001234
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		93	0	0	0	0	93
Sheltered Care			0	0	0	0	0
TOTALS	0	93	0	0	0	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	143
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	24	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	69	0	69
Race Unknown	0	0	0	0	0
Total	0	0	93	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	92	0	92
Ethnicity Unknown	0	0	0	0	0
Total	0	0	93	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	18.00
Certified Aides	106.00
Other Health Staff	7.00
Non-Health Staff	42.00
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
0.0%	63.4%	30.2%	0.0%	6.4%	100.0%		0.0%
0	4,220,439	2,010,815	0	428,209	6,659,463	0	

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018
Health Service Area 006 Planning Service Area 601

Administrator
Michael E. Toral

Contact Person and Telephone
Michael E. Toral
773-561-7040

Date Completed
5/5/2008

Registered Agent Information
Eric A. Rothner
2201 Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	173
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	173

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	174	174	174	174	173	1	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	173	1	0	174

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	172
Total Admissions 2007	106
Total Discharges 2007	105
Residents on 12/31/2007	173

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	60047	94.5%	306	60353	95.0%	95.0%
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	0	0.0%	60047	94.5%	306	60353	95.0%	95.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	35	12	0	0	0	0	0	0	35	12	47
45 to 59	80	20	0	0	0	0	0	0	80	20	100
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	126	47	0	0	0	0	0	0	126	47	173

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	172	0	0	1	0	173
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
TOTALS	0	172	0	0	1	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	45	0	0	0	45
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

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	32.00
Other Health Staff	7.00
Non-Health Staff	28.00
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%	75.3%	0.0%	0.0%	24.7%	100.0%		0.0%
0	4,169,286	0	0	1,365,308	5,534,594	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242
Health Service Area 006 Planning Service Area 601

Administrator
Sheldon Stern

Contact Person and Telephone
Larisa Fridman
773-973-5333

Date Completed
3/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	19
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	17
Mental Illness	8
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	247	247	108	247	97	150	131	247
Skilled Under 22	0	0	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	97	150	131	247

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	86
Total Discharges 2007	82
Residents on 12/31/2007	97

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2678	5.6%	24377	27.0%	8595	35650	39.5%	39.5%
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	2678	5.6%	24377	27.0%	8595	35650	39.5%	39.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	15	31	0	0	0	0	0	0	15	31	46
TOTALS	31	66	0	0	0	0	0	0	31	66	97

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	65	0	0	27	0	97
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
TOTALS	5	65	0	0	27	0	97

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	3.00
Certified Aides	30.00
Other Health Staff	4.00
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
19.3%	50.3%	0.0%	0.0%	30.4%	100.0%		0.0%
1,002,519	2,612,494	0	0	1,581,221	5,196,234	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259
Health Service Area 007 Planning Service Area 703

Administrator
John Vrba

Contact Person and Telephone
Kathy Jo Petersen
630-971-2645

Registered Agent Information

Date Completed
5/5/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	32
Alzheimer Disease	64
Mental Illness	3
Developmental Disability	3
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	207	207	170	207	164	43	102	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	170	207	164	43	102	207

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	387
Total Discharges 2007	380
Residents on 12/31/2007	164

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5687	15.3%	28766	38.1%	23271	57724	76.4%	76.4%
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%
TOTALS	5687	15.3%	28766	38.1%	23271	57724	76.4%	76.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	18	87	0	0	0	0	0	0	18	87	105
TOTALS	37	127	0	0	0	0	0	0	37	127	164

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	99	0	0	56	0	164
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
TOTALS	9	99	0	0	56	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.00
Certified Aides	53.00
Other Health Staff	6.00
Non-Health Staff	59.00
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
24.9%	38.7%	0.0%	2.6%	33.7%	100.0%		0.0%
2,272,959	3,531,884	0	237,713	3,076,095	9,118,651	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Sue Burgin

Contact Person and Telephone
Sue Burgin
618-395-1000

Date Completed
4/21/2008

Registered Agent Information
Sean P Clancy
858 Sunnyhill Lane

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	19
Digestive System	8
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	149

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	153	156	149	7	156	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	156	156	153	156	149	7	156	136

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	81
Total Discharges 2007	83
Residents on 12/31/2007	149

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4510	7.9%	29682	59.8%	19600	53792	94.5%	94.5%
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	4510	7.9%	29682	59.8%	19600	53792	94.5%	94.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	11	26	0	0	0	0	0	0	11	26	37
85+	12	81	0	0	0	0	0	0	12	81	93
TOTALS	28	121	0	0	0	0	0	0	28	121	149

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	84	0	0	52	0	149
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
TOTALS	13	84	0	0	52	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	11.00
Certified Aides	59.00
Other Health Staff	0.00
Non-Health Staff	50.00
Totals	140.00

NET REVENUE BY PAYOR 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%	38.0%	0.0%	0.0%	32.8%	100.0%		0.0%
2,019,607	2,626,848	0	0	2,264,548	6,911,004	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BURNHAM HEALTHCARE
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
5/1/2008

Registered Agent Information
Lawrence Schwartz
7366 N. Lincoln Ste. 404

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System Non Alzheimer	34
Alzheimer Disease	3
Mental Illness	194
Developmental Disability	8
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	297

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	309	309	309	309	297	12	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	309	309	297	12	58	309

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	288
Total Admissions 2007	1447
Total Discharges 2007	1438
Residents on 12/31/2007	297

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5128	24.2%	104642	92.8%	1066	110836	98.3%	98.3%
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%
TOTALS	5128	24.2%	104642	92.8%	1066	110836	98.3%	98.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	54	36	0	0	0	0	0	0	54	36	90
45 to 59	85	43	0	0	0	0	0	0	85	43	128
60 to 64	16	11	0	0	0	0	0	0	16	11	27
65 to 74	24	12	0	0	0	0	0	0	24	12	36
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	185	112	0	0	0	0	0	0	185	112	297

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BURNHAM HEALTHCARE
14500 SOUTH MANISTEE
BURNHAM, IL. 60633

Reference Numbers Facility ID 6001283
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	281	0	0	3	0	297
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
TOTALS	13	281	0	0	3	0	297

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	213	0	0	0	213
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	297	0	0	0	297

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	293	0	0	0	293
Ethnicity Unknown	0	0	0	0	0
Total	297	0	0	0	297

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	25.00
Certified Aides	72.00
Other Health Staff	4.00
Non-Health Staff	80.00
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
15.0%	84.2%	0.0%	0.5%	0.3%	100.0%		0.0%
1,753,369	9,865,123	0	62,466	37,484	11,718,442	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014542
Health Service Area 009 Planning Service Area 197

Administrator
Cheryl Carpenter

Contact Person and Telephone
Cheryl Carpenter
(708) 534-5529

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5810	99.5%	0	5810	99.5%	99.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5810	99.5%	0	5810	99.5%	99.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014542
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	162
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	12.33
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	15.33

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%	89.8%	10.2%	0.0%	0.0%	100.0%		0.0%
0	790,394	90,010	0	0	880,404	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Burnsides Community Health Center
410 NORTH SECOND STREET
MARSHALL, IL. 62441

Reference Numbers Facility ID 6001291
Health Service Area 004 Planning Service Area 023

Administrator
Sean Medsker

Contact Person and Telephone
Sean Medsker
217-826-2358

Date Completed
5/8/2008

Registered Agent Information
Sean Medsker
410 North Second Street P.O. Box 219

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	85

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	105	105	97	105	85	20	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	105	97	105	85	20	105	105

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	113
Total Discharges 2007	104
Residents on 12/31/2007	85

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3646	9.5%	12363	32.3%	13691	29700	77.5%	77.5%
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	3646	9.5%	12363	32.3%	13691	29700	77.5%	77.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	10	17	0	0	0	0	0	0	10	17	27
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	22	63	0	0	0	0	0	0	22	63	85

Burnsides Community Health Center
410 NORTH SECOND STREET
MARSHALL, IL. 62441

Reference Numbers Facility ID 6001291
Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	30	1	0	39	0	85
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
TOTALS	15	30	1	0	39	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	44.00
Other Health Staff	5.00
Non-Health Staff	45.00
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
32.3%	33.4%	0.0%	0.6%	33.7%	100.0%		0.0%
1,274,694	1,318,946	0	23,306	1,330,599	3,947,545	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6001317
Health Service Area 011 Planning Service Area 163

Administrator
Teresa Roberg

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
5/1/2008

Registered Agent Information
Sheldon Wolfe
7434 Skokie Blvd

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	0
Circulatory System	19
Respiratory System	12
Digestive System	9
Genitourinary System Disorders	13
Skin Disorders	4
Musculo-skeletal Disorders	1
Injuries and Poisonings	10
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	111

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	130	150	111	39	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	130	150	111	39	30	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	109
Total Admissions 2007	89
Total Discharges 2007	87
Residents on 12/31/2007	111

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3166	28.9%	35360	64.6%	3945	42471	77.6%	77.6%
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%
TOTALS	3166	28.9%	35360	64.6%	3945	42471	77.6%	77.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	16	7	0	0	0	0	0	0	16	7	23
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	12	6	0	0	0	0	0	0	12	6	18
75 to 84	15	15	0	0	0	0	0	0	15	15	30
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	59	52	0	0	0	0	0	0	59	52	111

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6001317
Health Service Area 011 Planning Service Area 163

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	10	0	7	0	111
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
TOTALS	4	90	10	0	7	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	38.00
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
21.9%	65.3%	4.6%	0.0%	8.3%	100.0%		0.0%
1,128,186	3,369,953	235,852	0	429,258	5,163,249	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CALHOUN NSG & 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
5/5/2008

Registered Agent Information
Illinois Corp Services Company
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	78

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	80	80	78	2	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	80	80	78	2	80	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	75
Total Discharges 2007	66
Residents on 12/31/2007	78

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3878	13.3%	15710	53.8%	7834	27422	93.9%	93.9%
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	3878	13.3%	15710	53.8%	7834	27422	93.9%	93.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	15	63	0	0	0	0	0	0	15	63	78

CALHOUN NSG & REHAB CENTER LLC
1 MYRTLE LANE
HARDIN, IL. 62047

Reference Numbers Facility ID 6014674
Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	48	1	0	21	0	78
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
TOTALS	8	48	1	0	21	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	12.00
Non-Health Staff	13.00
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
36.3%	45.7%	4.9%	0.7%	12.3%	100.0%		0.0%
1,863,920	2,346,849	251,948	36,665	631,925	5,131,307	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Rick Walworth

Contact Person and Telephone
Rick Walworth
773-847-8061

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Endocrine/Metabolic	50
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	116
Developmental Disability	10
Circulatory System	40
Respiratory System	31
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	283

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	297	297	295	297	283	14	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	297	295	297	283	14	297	297

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	281
Total Admissions 2007	262
Total Discharges 2007	260
Residents on 12/31/2007	283

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6858	6.3%	92809	85.6%	2425	102092	94.2%	94.2%
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%
TOTALS	6858	6.3%	92809	85.6%	2425	102092	94.2%	94.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	23	0	0	0	0	0	0	27	23	50
45 to 59	80	33	0	0	0	0	0	0	80	33	113
60 to 64	24	10	0	0	0	0	0	0	24	10	34
65 to 74	25	15	0	0	0	0	0	0	25	15	40
75 to 84	23	10	0	0	0	0	0	0	23	10	33
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	183	100	0	0	0	0	0	0	183	100	283

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CALIFORNIA GARDENS NRG & REHAB
2829 SOUTH CALIFORNIA BLVD
CHICAGO, IL. 60608

Reference Numbers Facility ID 6001333
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	262	3	1	2	0	283
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
TOTALS	15	262	3	1	2	0	283

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	200	0	0	0	200
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	283	0	0	0	283

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	257	0	0	0	257
Ethnicity Unknown	0	0	0	0	0
Total	283	0	0	0	283

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	35.00
Certified Aides	66.00
Other Health Staff	8.00
Non-Health Staff	64.00
Totals	188.00

NET REVENUE BY PAYOR 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%	74.6%	0.8%	0.0%	1.8%	100.0%		0.0%
3,169,973	10,409,701	117,053	6,325	248,520	13,951,573	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60409

Reference Numbers Facility ID 6014005
Health Service Area 007 Planning Service Area 705

Administrator
Regina Mason

Contact Person and Telephone
Meloneze Gilbert
(708) 730-3312

Date Completed
5/3/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	2	4	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60409

Reference Numbers Facility ID 6014005
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		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	199
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.00
Certified Aides	5.27
Other Health Staff	0.21
Non-Health Staff	0.66
Totals	6.49

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	87.8%	0.0%	0.0%	12.2%	100.0%		0.0%
0	389,424	0	0	54,242	443,667	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CALVIN JOHNSON CARE CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341
Health Service Area 011 Planning Service Area 163

Administrator

Contact Person and Telephone
DEBRA FORD
618-234-3323

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	21
Mental Illness	30
Developmental Disability	2
Circulatory System	22
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	180	180	138	180	125	55	49	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	138	180	125	55	49	180

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	138
Total Admissions 2007	81
Total Discharges 2007	94
Residents on 12/31/2007	125

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1487	8.3%	42933	65.3%	1818	46238	70.4%	70.4%
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%
TOTALS	1487	8.3%	42933	65.3%	1818	46238	70.4%	70.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	4	4	8
45 to 59	15	22	0	0	0	0	0	0	15	22	37
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	51	74	0	0	0	0	0	0	51	74	125

CALVIN JOHNSON CARE CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	107	11	0	1	0	125
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
TOTALS	6	107	11	0	1	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	2	0	0	0	2
Total	125	0	0	0	125

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	2	0	0	0	2
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	25.00
Certified Aides	47.00
Other Health Staff	10.00
Non-Health Staff	38.00
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
8.4%	85.8%	1.9%	0.0%	3.9%	100.0%		0.0%
510,500	5,237,627	117,785	0	237,499	6,103,411	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CAMBRIDGE NRSG. & REHAB CENTER
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
6/1/2008

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
SKOKIE, IL 60076

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	12
Mental Illness	10
Developmental Disability	4
Circulatory System	5
Respiratory System	8
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	113	113	105	103	103	10	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	105	103	103	10	113	113

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	272
Total Discharges 2007	270
Residents on 12/31/2007	103

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3359	8.1%	26018	63.1%	7476	36853	89.4%	89.4%
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%
TOTALS	3359	8.1%	26018	63.1%	7476	36853	89.4%	89.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	15	9	0	0	0	0	0	0	15	9	24
60 to 64	7	0	0	0	0	0	0	0	7	0	7
65 to 74	20	6	0	0	0	0	0	0	20	6	26
75 to 84	16	9	0	0	0	0	0	0	16	9	25
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	64	39	0	0	0	0	0	0	64	39	103

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CAMBRIDGE NRSG. & REHAB CENTER
9615 North Knox Avenue
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	74	9	6	8	0	103
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
TOTALS	6	74	9	6	8	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	2	0	0	0	2
White	77	0	0	0	77
Race Unknown	6	0	0	0	6
Total	103	0	0	0	103

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	6	0	0	0	6
Total	103	0	0	0	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	38.00
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
22.1%	61.5%	9.6%	1.9%	4.8%	100.0%		0.0%
1,150,000	3,200,000	500,000	100,000	250,000	5,200,000	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CAMELOT TERRACE
516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

Administrator
Marna Anderson

Contact Person and Telephone
Marna Anderson
815-672-2600

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	3
Circulatory System	7
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	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	102	60	102	50	52	100	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	60	102	50	52	100	102

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	57
Total Discharges 2007	57
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3001	8.2%	13298	35.7%	2822	19121	51.4%	51.4%
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%
TOTALS	3001	8.2%	13298	35.7%	2822	19121	51.4%	51.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	6	11	0	0	0	0	0	0	6	11	17
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	19	31	0	0	0	0	0	0	19	31	50

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CAMELOT TERRACE
516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	0	13	0	50
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
TOTALS	6	31	0	0	13	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

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	15.00
Other Health Staff	0.00
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
33.5%	53.4%	0.0%	0.0%	13.1%	100.0%		0.0%
862,302	1,372,873	0	0	337,335	2,572,510	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	2	0	0	2	2	4

CAMPBELL COURT
426 EAST DOUGLAS
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013791
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		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	210
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.20
Other Health Staff	0.17
Non-Health Staff	0.65
Totals	5.27

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
0.0%	97.6%	0.0%	0.0%	2.4%	100.0%		0.0%
0	305,910	0	0	7,533	313,443	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CANTERBURY MANOR
718 NORTH MARKET STREET
WATERLOO, IL. 62298

Reference Numbers Facility ID 6001382
Health Service Area 011 Planning Service Area 133

Administrator
Carolyn Mckinney

Contact Person and Telephone
Carolyn Mckinney
618-939-8565

Date Completed
4/22/2008

Registered Agent Information
Roger Bagley
P.O Box 2618

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	2
Circulatory System	17
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	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	MEDICAID CERTIFIED
Nursing Care	74	74	58	74	58	16	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	74	58	74	58	16	0	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	50
Total Discharges 2007	43
Residents on 12/31/2007	58

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	883	0.0%	12773	47.3%	6881	20537	76.0%	76.0%
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	883	0.0%	12773	47.3%	6881	20537	76.0%	76.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	11	47	0	0	0	0	0	0	11	47	58

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CANTERBURY MANOR
718 NORTH MARKET STREET
WATERLOO, IL. 62298

Reference Numbers Facility ID 6001382
Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	37	0	0	19	0	58
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
TOTALS	2	37	0	0	19	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	0.00
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
11.8%	55.2%	0.0%	0.0%	33.0%	100.0%		0.0%
291,537	1,365,099	0	0	816,813	2,473,449	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	214
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	3	0	3
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

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
0.0%	91.7%	0.0%	0.0%	8.3%	100.0%		0.0%
0	292,685	0	0	26,651	319,336	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

Administrator
Cynthia Ann Schaaf

Contact Person and Telephone
Cindy Schaaf
217-525-1880

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	13
Endocrine/Metabolic	23
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	21
Digestive System	23
Genitourinary System Disorders	18
Skin Disorders	22
Musculo-skeletal Disorders	26
Injuries and Poisonings	10
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	215

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	251	223	218	223	215	36	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	223	218	223	215	36	251	251

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	212
Total Admissions 2007	297
Total Discharges 2007	294
Residents on 12/31/2007	215

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12472	13.6%	56038	61.2%	5038	73548	80.3%	90.4%
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%
TOTALS	12472	13.6%	56038	61.2%	5038	73548	80.3%	90.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	15	0	0	0	0	0	0	7	15	22
60 to 64	12	21	0	0	0	0	0	0	12	21	33
65 to 74	18	26	0	0	0	0	0	0	18	26	44
75 to 84	21	33	0	0	0	0	0	0	21	33	54
85+	29	27	0	0	0	0	0	0	29	27	56
TOTALS	89	126	0	0	0	0	0	0	89	126	215

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	143	0	4	18	0	215
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
TOTALS	50	143	0	4	18	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	67	0	0	0	67
Hawaiian/Pac. Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	215	0	0	0	215

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	215	0	0	0	215
Ethnicity Unknown	0	0	0	0	0
Total	215	0	0	0	215

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	26.00
Certified Aides	95.00
Other Health Staff	26.00
Non-Health Staff	68.00
Totals	224.00

NET REVENUE BY PAYOR 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%	50.5%	0.0%	1.2%	7.4%	100.0%		0.0%
4,107,222	5,065,473	0	121,092	745,759	10,039,546	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CARDINAL HILL HEALTHCARE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6004493
Health Service Area 005 Planning Service Area 005

Administrator
Jerry Nelson

Contact Person and Telephone
Jerry Nelson
618-664-1622

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	22
Mental Illness	2
Developmental Disability	1
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	76	64	54	36	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	76	64	54	36	34	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	68
Total Admissions 2007	23
Total Discharges 2007	37
Residents on 12/31/2007	54

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2747	22.1%	16134	49.1%	4108	22989	70.0%	70.0%
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	2747	22.1%	16134	49.1%	4108	22989	70.0%	70.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	8	10	0	0	0	0	0	0	8	10	18
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	22	32	0	0	0	0	0	0	22	32	54

CARDINAL HILL HEALTHCARE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6004493
Health Service Area 005 Planning Service Area 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	35	0	0	8	0	54
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
TOTALS	11	35	0	0	8	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	4.00
Non-Health Staff	12.00
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
33.4%	45.3%	1.7%	3.9%	15.6%	100.0%		0.0%
907,117	1,229,123	47,229	106,800	424,166	2,714,435	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CARE CENTER OF ABINGDON
800 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424
Health Service Area 002 Planning Service Area 095

Administrator
Donna Anderson

Contact Person and Telephone
Donna Anderson
309-462-2356

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	82	78	57	78	57	25	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	78	57	78	57	25	82	82

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	61
Total Discharges 2007	59
Residents on 12/31/2007	57

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2166	7.2%	12824	42.8%	5638	20628	68.9%	72.5%
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	2166	7.2%	12824	42.8%	5638	20628	68.9%	72.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	18	39	0	0	0	0	0	0	18	39	57

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CARE CENTER OF ABINGDON
800 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	38	0	0	14	0	57
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
TOTALS	5	38	0	0	14	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
28.9%	45.3%	0.0%	0.0%	25.8%	100.0%		1.2%
739,910	1,161,043	0	0	661,653	2,562,607	31,453	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CARLE ARBOURS
302 WEST BURWASH
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457
Health Service Area 004 Planning Service Area 019

Administrator
Gail Porter

Contact Person and Telephone
Gail Porter
217-383-3090

Date Completed
5/5/2008

Registered Agent Information
Hames Leonard, Carle Arbours, Inc
611 West Park Atreet

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	13
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	31
Mental Illness	1
Developmental Disability	0
Circulatory System	36
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	42
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	231	226	193	226	185	46	231	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	226	193	226	185	46	231	231

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	186
Total Admissions 2007	572
Total Discharges 2007	573
Residents on 12/31/2007	185

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9264	11.0%	30734	36.5%	26921	66919	79.4%	81.1%
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%
TOTALS	9264	11.0%	30734	36.5%	26921	66919	79.4%	81.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	5	0	0	0	0	0	0	2	5	7
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	23	60	0	0	0	0	0	0	23	60	83
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	55	130	0	0	0	0	0	0	55	130	185

CARLE ARBOURS
302 WEST BURWASH
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	74	0	12	77	0	185
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
TOTALS	22	74	0	12	77	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

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	54.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
21.3%	37.3%	0.0%	0.0%	41.4%	100.0%		0.0%
2,681,043	4,707,586	0	0	5,217,087	12,605,716	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Carlinville Estates
1221 South Plum Street
Carlinville, IL. 62626

Reference Numbers Facility ID 6012132
Health Service Area 003 Planning Service Area 117

Administrator
Lori Dillman

Contact Person and Telephone
Nicki Palmer
217-854-9443

Date Completed
6/17/2008

Registered Agent Information
Richard L Grader
110 South Brodce Ct
Decatur, IL 62521

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5426	92.9%	0	5426	92.9%	92.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5426	92.9%	0	5426	92.9%	92.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	6	6	12
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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Carlinville Estates
1221 South Plum Street
Carlinville, IL. 62626

Reference Numbers Facility ID 6012132
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
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%		0.0%
0	627,648	0	0	0	627,648	0	

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6009336
Health Service Area 003 Planning Service Area 117

Administrator
Suzanne Boston

Contact Person and Telephone
Suzanne Boston
217-854-2511

Date Completed
7/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	11
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	94	60	94	55	43	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	98	94	60	94	55	43	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	128
Total Discharges 2007	128
Residents on 12/31/2007	55

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2782	0.0%	11079	0.0%	7489	21350	59.7%	62.2%
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%
TOTALS	2782	0.0%	11079	0.0%	7489	21350	59.7%	62.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	1	12	0	0	0	0	0	0	1	12	13
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	12	43	0	0	0	0	0	0	12	43	55

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6009336
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	30	0	0	17	0	55
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
TOTALS	8	30	0	0	17	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	1.00
Non-Health Staff	14.00
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
36.5%	32.2%	0.0%	2.0%	29.3%	100.0%		0.0%
1,062,399	936,151	0	57,337	852,896	2,908,783	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Contact Person and Telephone
ROSE MARIE BETZ
773-929-1700

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Endocrine/Metabolic	20
Blood Disorders	9
*Nervous System Non Alzheimer	5
Alzheimer Disease	19
Mental Illness	47
Developmental Disability	41
Circulatory System	32
Respiratory System	12
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	244	244	235	244	220	24	244	244
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	244	244	235	244	220	24	244	244

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	227
Total Admissions 2007	260
Total Discharges 2007	267
Residents on 12/31/2007	220

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	72346	81.2%	10425	11.7%	0	82771	92.9%	92.9%
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	72346	81.2%	10425	11.7%	0	82771	92.9%	92.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	0	0	0	0	0	0	12	17	29
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	25	32	0	0	0	0	0	0	25	32	57
75 to 84	22	40	0	0	0	0	0	0	22	40	62
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	84	136	0	0	0	0	0	0	84	136	220

Carlton At The Lake
725 West Montrose Avenue
CHICAGO, IL. 60613

Reference Numbers Facility ID 6001465
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	197	0	0	13	0	220
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
TOTALS	10	197	0	0	13	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	63	0	0	0	63
Hawaiian/Pac. Isl.	0	0	0	0	0
White	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	51.00
LPN's	20.00
Certified Aides	80.00
Other Health Staff	54.00
Non-Health Staff	50.00
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
10.7%	81.9%	0.0%	0.0%	7.4%	100.0%		0.0%
1,282,683	9,774,727	0	0	880,378	11,937,788	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473
Health Service Area 011 Planning Service Area 027

Administrator
Verna Germanceri

Contact Person and Telephone
Verna Germanceri
618-594-3112

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	11
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	23
Mental Illness	3
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	119	95	95	91	91	28	63	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	95	95	91	91	28	63	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	89
Total Admissions 2007	80
Total Discharges 2007	78
Residents on 12/31/2007	91

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4064	17.7%	15621	36.0%	12198	31883	73.4%	91.9%
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	4064	17.7%	15621	36.0%	12198	31883	73.4%	91.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	14	45	0	0	0	0	0	0	14	45	59
TOTALS	23	68	0	0	0	0	0	0	23	68	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473
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	9	42	0	0	40	0	91
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
TOTALS	9	42	0	0	40	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	0.00
Non-Health Staff	62.00
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
24.5%	30.9%	8.2%	5.3%	31.0%	100.0%		0.0%
1,235,174	1,555,691	410,836	268,264	1,561,367	5,031,332	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011969
Health Service Area 007 Planning Service Area 705

Administrator
Meloneze Gilbert

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5591	95.7%	0	5591	95.7%	95.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5591	95.7%	0	5591	95.7%	95.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	2	0	0	6	2	8
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	7	0	0	8	7	15

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011969
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		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	136
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	9	0	9
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.30
LPN's	0.00
Certified Aides	5.77
Other Health Staff	0.38
Non-Health Staff	1.00
Totals	7.70

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%	87.5%	0.0%	0.0%	12.5%	100.0%		0.0%
0	682,529	0	0	97,437	779,967	0	

Carolyn Smith House
910 17th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6006928
Health Service Area 004 Planning Service Area 029

Administrator
Joshua Rieman

Contact Person and Telephone
Josh Rieman
217-345-2922

Registered Agent Information

Date Completed
4/28/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Carolyn Smith House
910 17th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6006928
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.58

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	86.2%	13.8%	0.0%	0.0%	100.0%		0.0%
0	580,964	92,690	0	0	673,654	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CARRIER MILLS NURSING HOME
US ROUTE 45-EAST
CARRIER MILLS, IL. 62917

Reference Numbers Facility ID 6001507
Health Service Area 005 Planning Service Area 059

Administrator
Scott Stout

Contact Person and Telephone
Scott Stout
618-994-2323

Date Completed
6/2/2008

Registered Agent Information
Roger D Herrin
607 S. Commercial St

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	21
Mental Illness	3
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	94	99	79	20	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	94	99	79	20	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	112
Total Discharges 2007	123
Residents on 12/31/2007	79

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3292	9.1%	19478	53.9%	8797	31567	87.4%	87.4%
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%
TOTALS	3292	9.1%	19478	53.9%	8797	31567	87.4%	87.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	23	0	0	0	0	0	0	4	23	27
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	16	63	0	0	0	0	0	0	16	63	79

CARRIER MILLS NURSING HOME
US ROUTE 45-EAST
CARRIER MILLS, IL. 62917

Reference Numbers Facility ID 6001507
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	46	0	0	25	0	79
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
TOTALS	8	46	0	0	25	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	5.00
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
12.7%	53.0%	34.2%	0.0%	0.0%	100.0%		0.0%
432,922	1,801,139	1,161,853	0	0	3,395,914	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280
Health Service Area 003 Planning Service Area 067

Administrator
Pat Devine

Contact Person and Telephone
Autumn Ostergaard
(217) 357-2333

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	0	5475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	10	5	0	0	10	5	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280
Health Service Area 003 Planning Service Area 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
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%	90.7%	0.0%	0.0%	9.3%	100.0%		0.0%
0	519,770	0	0	53,071	572,841	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6011902
Health Service Area 001 Planning Service Area 195

Administrator

Contact Person and Telephone
Myra A. chattic
(815) 625-4444

Date Completed
5/10/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5392	92.3%	0	5392	92.3%	92.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5392	92.3%	0	5392	92.3%	92.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	6	0	0	1	6	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6011902
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	120
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	6.48
Other Health Staff	0.76
Non-Health Staff	2.09
Totals	9.91

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%	86.3%	0.0%	0.0%	13.7%	100.0%		0.0%
0	612,191	0	0	97,170	709,362	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID 6000970
Health Service Area 004 Planning Service Area 023

Administrator
Kathy Moore

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	32
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	69	69	66	69	62	7	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	66	69	62	7	0	69

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	112
Total Discharges 2007	108
Residents on 12/31/2007	62

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	602	0.0%	15577	61.9%	6950	23129	91.8%	91.8%
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	602	0.0%	15577	61.9%	6950	23129	91.8%	91.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	2	3	5
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	12	15	0	0	0	0	0	0	12	15	27
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	22	40	0	0	0	0	0	0	22	40	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID 6000970
Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	39	0	0	16	0	62
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
TOTALS	7	39	0	0	16	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	8.00
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
7.4%	57.8%	0.0%	0.0%	34.8%	100.0%		0.0%
179,577	1,393,706	0	0	839,567	2,412,850	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

847-982-2300

Date Completed
5/1/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	18
Mental Illness	12
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	24
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	129

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	139	150	129	21	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	139	150	129	21	30	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	129
Total Admissions 2007	119
Total Discharges 2007	119
Residents on 12/31/2007	129

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4165	38.0%	37817	69.1%	5844	47826	87.4%	87.4%
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%
TOTALS	4165	38.0%	37817	69.1%	5844	47826	87.4%	87.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	14	36	0	0	0	0	0	0	14	36	50
85+	9	50	0	0	0	0	0	0	9	50	59
TOTALS	30	99	0	0	0	0	0	0	30	99	129

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Caseyville Nursing & Rehab Ctr
601 West Lincoln
CASEYVILLE, IL. 62232

Reference Numbers Facility ID 6010227
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	98	0	0	17	0	129
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
TOTALS	14	98	0	0	17	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	1.00
LPN's	13.00
Certified Aides	47.00
Other Health Staff	40.00
Non-Health Staff	37.00
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
26.1%	55.3%	0.0%	0.0%	18.6%	100.0%		0.0%
1,559,167	3,298,484	0	0	1,108,270	5,965,921	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CEDAR RIDGE HEALTH AND REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6002869
Health Service Area 011 Planning Service Area 163

Administrator
Mike Altobella

Contact Person and Telephone
Mike Altobella
618-537-6165

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Endocrine/Metabolic	50
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	116	116	115	116	109	7	114	114
Skilled Under 22	0	0	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	115	116	109	7	114	114

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	118
Total Discharges 2007	120
Residents on 12/31/2007	109

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6813	16.4%	15844	38.1%	16676	39333	92.9%	92.9%
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	6813	16.4%	15844	38.1%	16676	39333	92.9%	92.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	26	38	0	0	0	0	0	0	26	38	64
TOTALS	43	66	0	0	0	0	0	0	43	66	109

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CEDAR RIDGE HEALTH AND REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6002869
Health Service Area 011 Planning Service Area 163

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	32	0	15	28	0	109
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
TOTALS	34	32	0	15	28	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
50.0%	19.8%	3.8%	2.5%	23.8%	100.0%		0.0%
3,588,503	1,423,042	275,374	180,239	1,711,781	7,178,939	0	

FACILITY NOTES

Name Change	1/11/2007	Name changed from "Cedar Ridge Health Care Center".

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
Sandy K. Hamzo
708-583-8539

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	8
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	56
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	131

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	109	120	108	12	11	124
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	30	30	24	30	23	7		
TOTAL BEDS	150	150	133	150	131	19	11	124

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	120
Total Admissions 2007	52
Total Discharges 2007	41
Residents on 12/31/2007	131

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2002	49.9%	10165	22.5%	23787	35954	82.1%	82.1%
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					8162	8162	74.5%	74.5%
TOTALS	2002	49.9%	10165	22.5%	31949	44116	80.6%	80.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	11	0	0	0	0	0	0	2	11	13
75 to 84	6	39	0	0	0	0	0	7	6	46	52
85+	8	39	0	0	0	0	2	14	10	53	63
TOTALS	18	90	0	0	0	0	2	21	20	111	131

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	33	0	0	68	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	7	33	0	0	91	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	134	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	23	122
Race Unknown	9	0	0	0	9
Total	108	0	0	23	131

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	95	0	0	23	118
Ethnicity Unknown	9	0	0	0	9
Total	108	0	0	23	131

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	13.00
Certified Aides	52.00
Other Health Staff	9.00
Non-Health Staff	84.00
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
7.1%	11.7%	0.0%	0.0%	81.2%	100.0%		0.7%
733,998	1,208,941	0	0	8,399,563	10,342,502	69,033	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CENTRAL NURSING HOME
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

Administrator
Marvin Mermelstein

Contact Person and Telephone
Ivy Gleeson
773-889-1333

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Endocrine/Metabolic	16
Blood Disorders	6
*Nervous System Non Alzheimer	10
Alzheimer Disease	10
Mental Illness	68
Developmental Disability	0
Circulatory System	52
Respiratory System	12
Digestive System	11
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	228

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	245	245	228	17	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	245	245	228	17	11	124

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	233
Total Admissions 2007	97
Total Discharges 2007	102
Residents on 12/31/2007	228

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4871	121.3%	79229	175.1%	1596	85696	95.8%	95.8%
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	4871	121.3%	79229	175.1%	1596	85696	95.8%	95.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	9	8	17
45 to 59	79	25	0	0	0	0	0	0	79	25	104
60 to 64	25	7	0	0	0	0	0	0	25	7	32
65 to 74	31	6	0	0	0	0	0	0	31	6	37
75 to 84	15	10	0	0	0	0	0	0	15	10	25
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	163	65	0	0	0	0	0	0	163	65	228

CENTRAL NURSING HOME
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

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	216	5	0	0	0	228
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
TOTALS	7	216	5	0	0	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	105	0	0	0	105
Hawaiian/Pac. Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	23.00
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
14.9%	82.6%	2.2%	0.1%	0.2%	100.0%		0.0%
1,433,986	7,923,781	211,276	9,693	14,451	9,593,187	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Jeffrey Ingraffia

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
5/29/2008

Registered Agent Information
Gary Weintraub
465 Central Ave Suire 100
Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	244
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	244

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	260	260	253	260	244	16	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	260	260	253	260	244	16	0	260

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	251
Total Admissions 2007	98
Total Discharges 2007	105
Residents on 12/31/2007	244

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	87308	92.0%	358	87666	92.4%	92.4%
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%
TOTALS	0	0.0%	87308	92.0%	358	87666	92.4%	92.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	61	16	0	0	0	0	0	0	61	16	77
45 to 59	106	38	0	0	0	0	0	0	106	38	144
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	4	2	0	0	0	0	0	0	4	2	6
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	183	61	0	0	0	0	0	0	183	61	244

CENTRAL PLAZA RESIDENTIAL HOME
321-27 NORTH CENTRAL
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001598
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	244	0	0	0	0	244
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
TOTALS	0	244	0	0	0	0	244

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	210	0	0	0	210
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	244	0	0	0	244

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	232	0	0	0	232
Ethnicity Unknown	0	0	0	0	0
Total	244	0	0	0	244

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	34.00
Other Health Staff	27.00
Non-Health Staff	44.00
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%	99.3%	0.0%	0.0%	0.7%	100.0%		0.0%
0	9,437,721	0	0	69,569	9,507,290	0	

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
JOE HUSMANN

Contact Person and Telephone
Elaine Rommelman
618-533-1200

Date Completed
5/1/2008

Registered Agent Information
J MICHAEL BIBO
285 SOUTH FARNHAM

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	5
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	8
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	101	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	101	120	93	27	120	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	199
Total Discharges 2007	198
Residents on 12/31/2007	93

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8140	18.6%	13049	36.5%	12907	34096	77.8%	77.8%
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	8140	18.6%	13049	36.5%	12907	34096	77.8%	77.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	17	48	0	0	0	0	0	0	17	48	65
TOTALS	26	67	0	0	0	0	0	0	26	67	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6012355
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	36	0	0	31	0	93
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
TOTALS	26	36	0	0	31	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	45.00
Other Health Staff	1.00
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
30.4%	20.0%	0.0%	0.0%	49.5%	100.0%		0.5%
1,781,060	1,171,115	0	0	2,896,960	5,849,136	28,646	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243
Health Service Area 009 Planning Service Area 091

Administrator

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	5	0	0	1	5	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	0.70
Other Health Staff	0.74
Non-Health Staff	1.77
Totals	3.63

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
0.0%	85.4%	0.0%	0.0%	14.6%	100.0%		0.0%
0	603,573	0	0	103,205	706,778	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHAMPAIGN COUNTY NURSING HOME
1701 E. MAIN
URBANA, IL. 61802

Reference Numbers Facility ID 6001630
Health Service Area 004 Planning Service Area 019

Administrator
Andrew Buffenbarger

Contact Person and Telephone
Andrew Buffenbarger
217-384-3784

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	12
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	4
Developmental Disability	0
Circulatory System	41
Respiratory System	13
Digestive System	11
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	173

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	243	243	197	243	173	70	187	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	243	243	197	243	173	70	187	183

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	185
Total Admissions 2007	164
Total Discharges 2007	176
Residents on 12/31/2007	173

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4912	7.2%	42297	63.3%	20943	68152	76.8%	76.8%
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	4912	7.2%	42297	63.3%	20943	68152	76.8%	76.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	14	98	0	0	0	0	0	0	14	98	112
TOTALS	36	137	0	0	0	0	0	0	36	137	173

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHAMPAIGN COUNTY NURSING HOME
1701 E. MAIN
URBANA, IL. 61802

Reference Numbers Facility ID 6001630
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	103	0	0	57	0	173
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
TOTALS	13	103	0	0	57	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	2	0	0	0	2
Total	173	0	0	0	173

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

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	74.00
Other Health Staff	4.00
Non-Health Staff	100.00
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
25.2%	47.2%	0.0%	3.1%	24.5%	100.0%		0.0%
3,763,141	7,041,920	0	458,749	3,658,978	14,922,789	0	

FACILITY NOTES

03-085 2/26/2007 Project for replacement facility completed. Old facility closed and new facility licensed with 243 nursing care beds and 0 sheltered care beds.

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845
Health Service Area 004 Planning Service Area 019

Administrator
James Wachtel

Contact Person and Telephone
James Wachtel
217-369-7589

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5792	99.2%	0	5792	99.2%	99.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5792	99.2%	0	5792	99.2%	99.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	2	0	0	4	2	6
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	9	6	0	0	9	6	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	134	134
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	89.2%	10.8%	0.0%	0.0%	100.0%		0.0%
0	650,966	79,156	0	0	730,122	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013551
Health Service Area 009 Planning Service Area 197

Administrator

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/23/2008

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1364	93.4%	0	1364	93.4%	93.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1364	93.4%	0	1364	93.4%	93.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013551
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.25
Non-Health Staff	5.00
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
0.1%	92.0%	0.0%	0.0%	8.0%	100.0%		0.0%
163	275,997	0	0	23,925	300,085	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHARLESTON REHAB & HEALTH CARE
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
309-691-8113

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	1
Circulatory System	14
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	139	100	75	100	59	80	14	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	75	100	59	80	14	139

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	102
Total Discharges 2007	100
Residents on 12/31/2007	59

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2924	57.2%	15530	30.6%	5336	23790	46.9%	65.2%
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%
TOTALS	2924	57.2%	15530	30.6%	5336	23790	46.9%	65.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	5	4	0	0	0	0	0	0	5	4	9
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	23	36	0	0	0	0	0	0	23	36	59

CHARLESTON REHAB & HEALTH CARE
716 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6001358
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	43	0	0	12	0	59
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
TOTALS	4	43	0	0	12	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	0.00
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
35.4%	44.8%	0.1%	0.0%	19.6%	100.0%		0.0%
1,129,509	1,427,702	3,729	0	625,937	3,186,877	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHATEAU NRSG & REHAB CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

Reference Numbers Facility ID 6010367
Health Service Area 007 Planning Service Area 703

Administrator
Sherri Mitchell

Contact Person and Telephone
Sherri Mitchell
630-323-6380

Date Completed
5/2/2008

Registered Agent Information
David Aronin
2201 Main Street
Evanson, IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	5
*Nervous System Non Alzheimer	17
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	43
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	138	150	129	21	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	138	150	129	21	150	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	138
Total Admissions 2007	289
Total Discharges 2007	298
Residents on 12/31/2007	129

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7918	14.5%	27876	50.9%	12450	48244	88.1%	88.1%
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%
TOTALS	7918	14.5%	27876	50.9%	12450	48244	88.1%	88.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
75 to 84	16	28	0	0	0	0	0	0	16	28	44
85+	11	58	0	0	0	0	0	0	11	58	69
TOTALS	33	96	0	0	0	0	0	0	33	96	129

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHATEAU NRSG & REHAB CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

Reference Numbers Facility ID 6010367
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	85	0	3	25	0	129
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
TOTALS	16	85	0	3	25	0	129

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

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	49.00
Other Health Staff	6.00
Non-Health Staff	49.00
Totals	142.00

NET REVENUE BY PAYOR 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%	46.4%	0.0%	2.8%	23.0%	100.0%		0.0%
2,259,133	3,762,424	0	224,492	1,864,203	8,110,252	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013593
Health Service Area 009 Planning Service Area 197

Administrator

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/23/2008

Registered Agent Information
Cornerstone Services, Inc
777 Joyce Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1182	81.0%	0	1182	81.0%	81.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1182	81.0%	0	1182	81.0%	81.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013593
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.25
Non-Health Staff	5.00
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%	87.8%	0.0%	0.0%	12.2%	100.0%		0.0%
0	234,031	0	0	32,536	266,567	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Chestnut Manor
1404 South 14th
Herrin, IL. 62948

Reference Numbers Facility ID 6013056
Health Service Area 005 Planning Service Area 199

Administrator
Susan South

Contact Person and Telephone
Susan South
618-942-4578

Date Completed
6/18/2008

Registered Agent Information
Grant Cape
P.O Box 972-105 S Commercial Dr
Harrisburg, IL 62946

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	4	0	0	5	4	9
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	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

Chestnut Manor
1404 South 14th
Herrin, IL. 62948

Reference Numbers Facility ID 6013056
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	110	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	1.00
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%	78.9%	20.2%	0.0%	0.9%	100.0%		0.0%
0	474,568	121,456	0	5,116	601,140	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/23/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	58
Blood Disorders	12
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	102
Developmental Disability	0
Circulatory System	16
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	209

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	231	231	222	231	209	22	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	222	231	209	22	38	231

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	209
Total Admissions 2007	129
Total Discharges 2007	129
Residents on 12/31/2007	209

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3964	28.6%	72947	86.5%	1942	78853	93.5%	93.5%
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	3964	28.6%	72947	86.5%	1942	78853	93.5%	93.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	54	12	0	0	0	0	0	0	54	12	66
45 to 59	41	20	0	0	0	0	0	0	41	20	61
60 to 64	20	22	0	0	0	0	0	0	20	22	42
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	133	76	0	0	0	0	0	0	133	76	209

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Chicago Ridge Nursing Center
10602 Southwest Highway
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6001697
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	196	0	0	3	0	209
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
TOTALS	10	196	0	0	3	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	209	0	0	0	209

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	23.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	47.00
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
15.2%	82.1%	0.3%	0.8%	1.6%	100.0%		0.0%
1,475,774	7,954,235	29,034	73,234	157,098	9,689,375	0	

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
Jorge Tejero

Contact Person and Telephone
Jorge Tejero
708-596-2220

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	65
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	67	67	65	67	65	2		67
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	67	65	67	65	2	0	67

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	60
Total Admissions 2007	13
Total Discharges 2007	8
Residents on 12/31/2007	65

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			21937	89.7%	365	22302	91.2%	91.2%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	21937	89.7%	365	22302	91.2%	91.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	29	25	0	0	0	0	29	25	54
18 to 44	0	0	8	3	0	0	0	0	8	3	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	37	28	0	0	0	0	37	28	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHILDREN'S HABILITATION CENTER
121 WEST 154TH STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6001705
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	64	0	1	0	0	65
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	64	0	1	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	497	189
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	49	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	8	0	0	8
Race Unknown	0	8	0	0	8
Total	0	65	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	8	0	0	8
Non-Hispanic	0	57	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	0	65	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	20.00
Certified Aides	89.00
Other Health Staff	22.00
Non-Health Staff	30.00
Totals	177.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	8.4%	0.0%	2.4%	100.0%		0.0%
0	6,295,685	593,108	0	173,010	7,061,803	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/23/2008

Registered Agent Information
Rich Amberg
7111 Blair Ct.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
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	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	MEDICAID CERTIFIED
Nursing Care	78	77	59	77	49	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	78	77	59	77	49	29	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	92
Total Discharges 2007	98
Residents on 12/31/2007	49

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	19791	19791	69.5%	70.4%
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%
TOTALS	0	0.0%	0	0.0%	19791	19791	69.5%	70.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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+	4	38	0	0	0	0	0	0	4	38	42
TOTALS	4	45	0	0	0	0	0	0	4	45	49

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHRISTIAN BUEHLER MEM HOME
3415 NORTH SHERIDAN ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6001721
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	49	0	49
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
TOTALS	0	0	0	0	49	0	49

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	6.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	3,174,373	3,174,373	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739
Health Service Area 003 Planning Service Area 107

Administrator
Charlotte Bennett

Contact Person and Telephone
Charlotte Bennett
217-732-2189

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	15
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	112	112	105	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	105	112	100	12	110	105

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	105
Total Discharges 2007	106
Residents on 12/31/2007	100

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4599	11.5%	16160	42.2%	15979	36738	89.9%	89.9%
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	4599	11.5%	16160	42.2%	15979	36738	89.9%	89.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	9	31	0	0	0	0	0	0	9	31	40
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	23	77	0	0	0	0	0	0	23	77	100

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	36	5	1	44	0	100
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
TOTALS	14	36	5	1	44	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	18.00
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	56.00
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
33.4%	20.8%	0.0%	0.9%	44.9%	100.0%		0.0%
2,045,734	1,275,890	0	53,818	2,748,504	6,123,948	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754
Health Service Area 007 Planning Service Area 701

Administrator
Colleen Bottens

Contact Person and Telephone
Colleen Bottens
847-506-3520

Date Completed
7/16/2008

Registered Agent Information
CT Corporation
208 South Lasalle Street
Chicago, IL 60504

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	51	56	51	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	56	56	51	56	51	5	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	434
Total Discharges 2007	425
Residents on 12/31/2007	51

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8785	0.0%	0	0.0%	9294	18079	88.4%	88.4%
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%
TOTALS	8785	0.0%	0	0.0%	9294	18079	88.4%	88.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	7	9	0	0	0	0	0	0	7	9	16
TOTALS	17	34	0	0	0	0	0	0	17	34	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	0	0	0	18	0	51
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
TOTALS	33	0	0	0	18	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	6.00
Non-Health Staff	15.00
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
66.7%	0.0%	0.0%	0.3%	32.9%	100.0%		0.0%
3,565,481	0	0	17,990	1,758,868	5,342,341	0	

FACILITY NOTES

Bed Change	12/19/2007	Discontinued 62 Nursing Care beds; facility now has 56 Nursing Care beds.
Bed Change	7/10/2007	Discontinued 2 Nursing Care beds; facility now has 118 Nursing Care beds.

CISNE REHAB & HEALTH CARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID 6001770
Health Service Area 005 Planning Service Area 191

Administrator
Pamela Mix-Bissey

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	0
Blood Disorders	17
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
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	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	35	33	29	33	28	7	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	29	33	28	7	0	35

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	22
Total Admissions 2007	25
Total Discharges 2007	19
Residents on 12/31/2007	28

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	7612	59.6%	1455	9067	71.0%	75.3%
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%
TOTALS	0	0.0%	7612	59.6%	1455	9067	71.0%	75.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	5	0	0	0	0	0	0	2	5	7
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	9	19	0	0	0	0	0	0	9	19	28

CISNE REHAB & HEALTH CARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID 6001770
Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	24	0	0	4	0	28
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
TOTALS	0	24	0	0	4	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	0.00
Non-Health Staff	14.00
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%	81.4%	0.0%	0.0%	18.6%	100.0%		0.0%
0	630,448	0	0	144,281	774,729	0	

CITY CARE CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Reference Numbers Facility ID 6001788
Health Service Area 005 Planning Service Area 181

Administrator
Sherry Belcher

Contact Person and Telephone
Sherry Belcher
618-833-6343

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
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	20
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	70	70	65	70	56	14	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	65	70	56	14	70	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	58
Total Discharges 2007	60
Residents on 12/31/2007	56

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2200	8.6%	17467	68.4%	1925	21592	84.5%	84.5%
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	2200	8.6%	17467	68.4%	1925	21592	84.5%	84.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	14	42	0	0	0	0	0	0	14	42	56

CITY CARE CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Reference Numbers Facility ID 6001788
Health Service Area 005 Planning Service Area 181

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	40	0	2	6	0	56
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
TOTALS	8	40	0	2	6	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	3.00
Non-Health Staff	18.00
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
29.7%	63.5%	0.0%	0.0%	6.7%	100.0%		0.0%
660,469	1,411,400	0	0	149,794	2,221,663	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CITY CARE CENTER OF COBDEN
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 181

Administrator
Terri Pasquino

Contact Person and Telephone
Terri Pasquino
618-893-4214

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	20
Mental Illness	41
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	63

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	67	74	63	11	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	67	74	63	11	10	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	28
Total Discharges 2007	32
Residents on 12/31/2007	63

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	429	11.8%	17788	65.9%	4845	23062	85.4%	85.4%
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%
TOTALS	429	11.8%	17788	65.9%	4845	23062	85.4%	85.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	5	0	0	0	0	0	0	10	5	15
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	34	29	0	0	0	0	0	0	34	29	63

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CITY CARE CENTER OF COBDEN
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 181

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	46	8	0	7	0	63
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
TOTALS	2	46	8	0	7	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	87
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	2	0	0	0	2
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	63	0	0	0	63

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
6.1%	73.2%	10.1%	0.0%	10.5%	100.0%		0.0%
122,785	1,469,127	202,763	0	210,964	2,005,639	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Rupal J. Mistry

Contact Person and Telephone
Rupal J. Mistry
847-465-0200

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	5
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	30
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	13
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	20
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	161

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	195	200	161	39	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	195	200	161	39	200	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	167
Total Admissions 2007	837
Total Discharges 2007	843
Residents on 12/31/2007	161

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14955	20.5%	31277	42.8%	18053	64285	88.1%	88.1%
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%
TOTALS	14955	20.5%	31277	42.8%	18053	64285	88.1%	88.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	12	35	0	0	0	0	0	0	12	35	47
85+	16	61	0	0	0	0	0	0	16	61	77
TOTALS	43	118	0	0	0	0	0	0	43	118	161

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

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	86	0	3	37	0	161
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
TOTALS	35	86	0	3	37	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.50
LPN's	16.26
Certified Aides	53.70
Other Health Staff	6.53
Non-Health Staff	58.81
Totals	156.80

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
46.0%	27.6%	0.0%	4.9%	21.5%	100.0%		0.0%
468,191	280,820	0	50,072	218,760	1,017,843	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Claridge Healthcare Center
700 Jenkisson Avenue
Lake Bluff, IL. 60044

Reference Numbers Facility ID 6005144
Health Service Area 008 Planning Service Area 097

Administrator
Scott O'Brien

Contact Person and Telephone
Scott O'Brien
847-295-3900

Date Completed
5/5/2008

Registered Agent Information
Choon Chi
325 N. Wells Street, 9th Floor

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	29
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	95

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	231	227	116	227	95	136	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	227	116	227	95	136	160	231

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	110
Total Admissions 2007	40
Total Discharges 2007	55
Residents on 12/31/2007	95

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1902	3.3%	32398	38.4%	4561	38861	46.1%	46.9%
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	1902	3.3%	32398	38.4%	4561	38861	46.1%	46.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	4	0	0	0	0	0	0	2	4	6
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	13	13	0	0	0	0	0	0	13	13	26
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	35	60	0	0	0	0	0	0	35	60	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Claridge Healthcare Center
700 Jenkisson Avenue
Lake Bluff, IL. 60044

Reference Numbers Facility ID 6005144
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	76	0	0	13	0	95
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
TOTALS	6	76	0	0	13	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	21	0	0	0	21
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	1	0	0	0	1
Total	95	0	0	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	3.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
15.7%	68.4%	0.0%	3.7%	12.1%	100.0%		0.0%
722,816	3,142,398	0	168,750	557,093	4,591,057	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Schlichting

Contact Person and Telephone
MAUREEN A. ZUGER
773-338-8778

Date Completed
5/2/2008

Registered Agent Information
Jack Schnell
7433 N Clark Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	27
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	48
Developmental Disability	2
Circulatory System	47
Respiratory System	30
Digestive System	8
Genitourinary System Disorders	12
Skin Disorders	9
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	226

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	267	267	267	267	226	41	32	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	267	267	226	41	32	267

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	221
Total Admissions 2007	468
Total Discharges 2007	463
Residents on 12/31/2007	226

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4925	42.2%	73654	75.6%	3654	82233	84.4%	84.4%
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%
TOTALS	4925	42.2%	73654	75.6%	3654	82233	84.4%	84.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	33	22	0	0	0	0	0	0	33	22	55
60 to 64	20	10	0	0	0	0	0	0	20	10	30
65 to 74	37	28	0	0	0	0	0	0	37	28	65
75 to 84	27	19	0	0	0	0	0	0	27	19	46
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	126	100	0	0	0	0	0	0	126	100	226

CLARK MANOR CONVALESCENT CTR
7433 NORTH CLARK STREET
CHICAGO, IL. 60626

Reference Numbers Facility ID 6001796
Health Service Area 006 Planning Service Area 601

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	201	0	3	8	0	226
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
TOTALS	14	201	0	3	8	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	19	0	0	0	19
Total	226	0	0	0	226

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	179	0	0	0	179
Total	226	0	0	0	226

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	6.00
Certified Aides	68.00
Other Health Staff	18.00
Non-Health Staff	58.00
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
17.9%	77.8%	0.8%	0.0%	3.5%	100.0%		0.0%
1,820,192	7,914,620	82,552	0	354,236	10,171,601	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001804
Health Service Area 004 Planning Service Area 019

Administrator
CLIFFORD E. INGERSOLL

Contact Person and Telephone
Debra S. Reardanz
217-344-2144

Date Completed
4/22/2008

Registered Agent Information
GLEN PAINE
1729 GEORGETOWN DR.
CHAMPAIGN, IL 61821

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	38
Alzheimer Disease	16
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	1
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	86

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	67	76	66	10	15	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	40	40	30	30	20	20		
TOTAL BEDS	116	116	97	106	86	30	15	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	124
Total Discharges 2007	123
Residents on 12/31/2007	86

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2695	49.2%	0	0.0%	20086	22781	82.1%	82.1%
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					9212	9212	63.1%	63.1%
TOTALS	2695	49.2%	0	0.0%	29298	31993	75.6%	75.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	5	0	0	0	0	1	1	4	6	10
85+	17	34	0	0	0	0	5	13	22	47	69
TOTALS	21	45	0	0	0	0	6	14	27	59	86

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001804
Health Service Area 004 Planning Service Area 019

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	0	1	56	2	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	7	0	0	1	76	2	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	174	141

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	20	83
Race Unknown	0	0	0	0	0
Total	66	0	0	20	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	20	86
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	20	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	41.00
Other Health Staff	10.00
Non-Health Staff	65.00
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
14.6%	0.0%	0.0%	1.2%	84.2%	100.0%		0.7%
1,104,444	0	0	94,344	6,381,677	7,580,465	49,737	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Classic Residence by Hyatt Care Center
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
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
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	30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	38	37	38	30	8	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	37	38	30	8	38	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	20
Total Admissions 2007	97
Total Discharges 2007	87
Residents on 12/31/2007	30

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2060	14.9%	0	0.0%	8177	10237	73.8%	73.8%
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	2060	14.9%	0	0.0%	8177	10237	73.8%	73.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
85+	9	12	0	0	0	0	0	0	9	12	21
TOTALS	12	18	0	0	0	0	0	0	12	18	30

Classic Residence by Hyatt Care Center
2401 Indigo Lane
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6015689
Health Service Area 007 Planning Service Area 702

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	0	0	23	0	30
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
TOTALS	7	0	0	0	23	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	291	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	6.40
LPN's	2.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
41.1%	0.0%	0.0%	0.1%	58.8%	100.0%		0.0%
860,463	0	0	2,299	1,232,595	2,095,357	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
KEVIN STONEKING

Contact Person and Telephone
KEVIN STONEKING
309-785-5012

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	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	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	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	0	0	0	0	0		
TOTAL BEDS	49	49	49	49	38	11	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	28
Total Discharges 2007	32
Residents on 12/31/2007	38

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8044	45.0%	5797	13841	77.4%	77.4%
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%
TOTALS	0	0.0%	8044	45.0%	5797	13841	77.4%	77.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	8	30	0	0	0	0	0	0	8	30	38

CLAYBERG-FULTON CO NURSING
625 EAST MONROE STREET
CUBA, IL. 61427

Reference Numbers Facility ID 6001838
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	22	0	0	16	0	38
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
TOTALS	0	22	0	0	16	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	3.00
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
0.0%	66.7%	0.0%	0.0%	33.3%	100.0%		0.0%
0	128,462	0	0	64,231	192,694	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846
Health Service Area 006 Planning Service Area 602

Administrator
Randy Walker

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
5/29/2008

Registered Agent Information
Leon Shlofrock
465 Central Ave., Suite 100
Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	236
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	236

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	247	247	237	246	236	11	0	252
Skilled Under 22	0	0	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	237	246	236	11	0	252

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	235
Total Admissions 2007	92
Total Discharges 2007	91
Residents on 12/31/2007	236

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	79612	86.6%	398	80010	88.7%	88.7%
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	0	0.0%	79612	86.6%	398	80010	88.7%	88.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	40	15	0	0	0	0	0	0	40	15	55
45 to 59	79	50	0	0	0	0	0	0	79	50	129
60 to 64	19	7	0	0	0	0	0	0	19	7	26
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	152	84	0	0	0	0	0	0	152	84	236

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	235	0	0	1	0	236
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
TOTALS	0	235	0	0	1	0	236

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pac. Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	1	0	0	0	1
Total	236	0	0	0	236

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	222	0	0	0	222
Ethnicity Unknown	0	0	0	0	0
Total	236	0	0	0	236

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.10
LPN's	6.05
Certified Aides	36.20
Other Health Staff	32.80
Non-Health Staff	47.00
Totals	128.15

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%	98.9%	0.0%	0.0%	1.1%	100.0%		0.0%
0	8,538,221	0	0	91,835	8,630,056	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853
Health Service Area 007 Planning Service Area 701

Administrator

Contact Person and Telephone
JOE LAWLER
847-255-0120 x119

Date Completed
5/8/2008

Registered Agent Information
Carl M. La Mell
1835 West Central Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	92
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	92	92	92	92	92	0		92
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	92	92	0	0	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	10
Total Discharges 2007	9
Residents on 12/31/2007	92

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			32447	96.6%	0	32447	96.6%	96.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	32447	96.6%	0	32447	96.6%	96.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	24	0	0	26	24	50
45 to 59	0	0	0	0	18	13	0	0	18	13	31
60 to 64	0	0	0	0	2	5	0	0	2	5	7
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	49	43	0	0	49	43	92

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		92	0	0	0	0	92
Sheltered Care			0	0	0	0	0
TOTALS	0	92	0	0	0	0	92

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	83	0	83
Race Unknown	0	0	0	0	0
Total	0	0	92	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	89	0	89
Ethnicity Unknown	0	0	0	0	0
Total	0	0	92	0	92

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	4.50
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	26.00
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%	96.0%	1.6%	0.0%	2.4%	100.0%		0.0%
0	4,897,453	82,114	0	122,642	5,102,209	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Steven St. Louis

Contact Person and Telephone
Steven St. Louis
847-473-2891

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5693	97.5%	0	5693	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5693	97.5%	0	5693	97.5%	97.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	9	0	0	0	9	9
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	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	16	0	0	0	16	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CLEARBROOK EAST
3802 SOUTH OLD WILKE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010508
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	127	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	17.65

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
0.0%	91.4%	8.3%	0.0%	0.3%	100.0%		0.0%
0	797,213	72,786	0	2,274	872,273	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010516
Health Service Area 007 Planning Service Area 701

Administrator
Steven St. Louis

Contact Person and Telephone
Steven St. Louis
847-473-2891

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5697	97.6%	0	5697	97.6%	97.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5697	97.6%	0	5697	97.6%	97.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	0	7	0	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	16	0	0	0	16	0	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010516
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	17.65

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
0.0%	89.8%	10.0%	0.0%	0.2%	100.0%		0.0%
0	709,953	79,455	0	1,374	790,782	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296
Health Service Area 008 Planning Service Area 097

Administrator
Steven St. Louis

Contact Person and Telephone
Steven St. Louis
847-473-2891

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5696	104.0%	0	5696	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5696	104.0%	0	5696	97.5%	97.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	8	5	0	0	8	5	13
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	9	7	0	0	9	7	16

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	173	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	21.65

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
0.0%	89.8%	9.3%	0.0%	0.9%	100.0%		0.0%
0	980,439	102,087	0	9,446	1,091,972	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLINTON MANOR - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075
Health Service Area 011 Planning Service Area 027

Administrator
Michael Brave

Contact Person and Telephone
Michael Brave
618-588-2066

Date Completed
5/2/2008

Registered Agent Information
Herman Bodewes
One West Old State Capital Plaza Suite 600 Meyer Buildin

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	50
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	50	50	50	50	50	0		50
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	50	0	0	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	7
Total Discharges 2007	6
Residents on 12/31/2007	50

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			16003	87.7%	424	16427	90.0%	90.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	16003	87.7%	424	16427	90.0%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	5	16	0	0	5	16	21
45 to 59	0	0	0	0	4	13	0	0	4	13	17
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	3	0	0	3	3	6
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
TOTALS	0	0	0	0	15	35	0	0	15	35	50

CLINTON MANOR - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075
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		49	1	0	0	0	50
Sheltered Care			0	0	0	0	0
TOTALS	0	49	1	0	0	0	50

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	45	0	45
Race Unknown	0	0	0	0	0
Total	0	0	50	0	50

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	50	0	50
Ethnicity Unknown	0	0	0	0	0
Total	0	0	50	0	50

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.50
Certified Aides	27.75
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	64.25

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
13.9%	74.1%	0.0%	0.0%	12.0%	100.0%		0.0%
617,377	3,299,215	0	0	534,788	4,451,382	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CLINTON MANOR LIVING CENTER SNF
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887
Health Service Area 011 Planning Service Area 027

Administrator
Michael Brave

Contact Person and Telephone
Michael Brave
618-588-2066

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	5
Developmental Disability	2
Circulatory System	4
Respiratory System	4
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	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	MEDICAID CERTIFIED
Nursing Care	40	38	36	38	34	6	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	40	38	36	38	34	6	35	35

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	31
Total Admissions 2007	17
Total Discharges 2007	14
Residents on 12/31/2007	34

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1048	8.2%	7807	61.1%	3001	11856	81.2%	85.5%
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	1048	8.2%	7807	61.1%	3001	11856	81.2%	85.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	0	0	4	4
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	1	16	0	0	0	0	0	0	1	16	17
TOTALS	6	28	0	0	0	0	0	0	6	28	34

CLINTON MANOR LIVING CENTER SNF
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887
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	3	22	0	0	9	0	34
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
TOTALS	3	22	0	0	9	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.25
LPN's	4.75
Certified Aides	11.25
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	41.25

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
13.9%	74.1%	0.0%	0.0%	12.0%	100.0%		0.0%
617,377	3,299,215	0	0	534,788	4,451,381	0	

FACILITY NOTES

Bed Change	8/9/2007	Added 5 General Nursing beds; facility now has 40 General Nursing beds.

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4292	73.5%	0	4292	73.5%	73.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4292	73.5%	0	4292	73.5%	73.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	5	7	0	0	5	7	12

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.18
LPN's	0.00
Certified Aides	6.55
Other Health Staff	0.63
Non-Health Staff	1.79
Totals	9.40

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%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	404,331	0	0	72,874	477,206	0	

COLLINSVILLE REHAB & H.C.C.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

Reference Numbers Facility ID 6007496
Health Service Area 011 Planning Service Area 119

Administrator
Donna Weeks

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	2
Circulatory System	16
Respiratory System	7
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	100	92	58	92	56	44	11	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	58	92	56	44	11	100

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	54
Total Discharges 2007	52
Residents on 12/31/2007	56

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1209	30.1%	16222	44.4%	1891	19322	52.9%	57.5%
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	1209	30.1%	16222	44.4%	1891	19322	52.9%	57.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	2	4	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	18	38	0	0	0	0	0	0	18	38	56

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COLLINSVILLE REHAB & H.C.C.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

Reference Numbers Facility ID 6007496
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	44	5	0	0	0	56
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
TOTALS	7	44	5	0	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
25.3%	63.4%	0.0%	0.0%	11.3%	100.0%		0.0%
543,909	1,361,937	0	0	242,249	2,148,095	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Colonial Apartments
920 West Fourth
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001937
Health Service Area 011 Planning Service Area 027

Administrator
Cara Patterson

Contact Person and Telephone
Cara Patterson
618-533-1199

Date Completed
4/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5742	98.3%	0	5742	98.3%	98.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5742	98.3%	0	5742	98.3%	98.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Colonial Apartments
920 West Fourth
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001937
Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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%	86.5%	0.0%	0.0%	13.5%	100.0%		0.0%
0	553,113	0	0	86,328	639,441	0	

COLONIAL HALL REHAB & NRSG CENTER
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945
Health Service Area 002 Planning Service Area 011

Administrator
Lou Anne Kenwick

Contact Person and Telephone
Lou Anne Kenwick
815-875-3347

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	75

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	88	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	88	88	75	13	88	88

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	192
Total Discharges 2007	197
Residents on 12/31/2007	75

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2697	8.4%	16256	50.6%	9354	28307	88.1%	88.1%
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%
TOTALS	2697	8.4%	16256	50.6%	9354	28307	88.1%	88.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	16	59	0	0	0	0	0	0	16	59	75

COLONIAL HALL REHAB & NRSG CENTER
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945
Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	42	0	5	22	0	75
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
TOTALS	6	42	0	5	22	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.49
LPN's	2.22
Certified Aides	17.30
Other Health Staff	0.00
Non-Health Staff	18.34
Totals	46.35

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
24.3%	38.6%	0.0%	6.3%	30.8%	100.0%		0.0%
613,781	976,695	0	160,500	779,571	2,530,547	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Reference Numbers Facility ID 6001952
Health Service Area 004 Planning Service Area 183

Administrator
Mark Black

Contact Person and Telephone
Mark Black
217-446-0660

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	10
Mental Illness	20
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	81	83	67	16	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	81	83	67	16	83	83

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	234
Total Discharges 2007	238
Residents on 12/31/2007	67

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4723	15.6%	11649	38.5%	10899	27271	90.0%	90.0%
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	4723	15.6%	11649	38.5%	10899	27271	90.0%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	3	34	0	0	0	0	0	0	3	34	37
TOTALS	7	60	0	0	0	0	0	0	7	60	67

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Reference Numbers Facility ID 6001952
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	31	0	0	21	0	67
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
TOTALS	15	31	0	0	21	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	2.00
Non-Health Staff	25.00
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
34.2%	24.5%	0.0%	0.0%	41.3%	100.0%		0.0%
1,702,925	1,218,978	0	0	2,054,132	4,976,035	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Colonial Manor
300 Church Street
Ziegler, IL. 62999

Reference Numbers Facility ID 6010151
Health Service Area 005 Planning Service Area 055

Administrator
Linda Gregory

Contact Person and Telephone
Greg Moore
618-596-6635

Date Completed
6/18/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	46
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	49	49	46	49	46	3		49
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	46	49	46	3	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	2
Total Discharges 2007	0
Residents on 12/31/2007	46

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			16249	90.9%	201	16450	92.0%	92.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	16249	90.9%	201	16450	92.0%	92.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	13	13	0	0	13	13	26
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	3	3	0	0	3	3	6
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	24	22	0	0	24	22	46

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Colonial Manor
300 Church Street
Ziegler, IL. 62999

Reference Numbers Facility ID 6010151
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		43	0	0	3	0	46
Sheltered Care			0	0	0	0	0
TOTALS	0	43	0	0	3	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	42	0	42
Race Unknown	0	0	0	0	0
Total	0	0	46	0	46

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	44	0	44
Ethnicity Unknown	0	0	0	0	0
Total	0	0	46	0	46

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	9.00
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
0.0%	85.9%	12.8%	1.2%	0.1%	100.0%		0.0%
0	1,649,514	245,756	23,511	2,443	1,921,224	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COLONIAL PLAZA
618 WEST GOODNER STREET
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6001978
Health Service Area 005 Planning Service Area 189

Administrator
James T. Dodson

Contact Person and Telephone
James T. Dodson
618-327-9846

Date Completed
7/14/2008

Registered Agent Information
Jane Dodson
157 55 Nixon Road
Nashville, IL 62263

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	5	16	5	11		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	5	16	5	11	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	5

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1097	#Div/0!	0	1097	18.8%	18.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1097	0.0%	0	1097	18.8%	18.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	2	0	0	3	2	5

COLONIAL PLAZA
618 WEST GOODNER STREET
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6001978
Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	0.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	181,869	0	0	0	181,869	0	

COLUMBIA CONVALESCENT CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106
Health Service Area 011 Planning Service Area 133

Administrator
David Wendler

Contact Person and Telephone
David Wendler
618-281-6800

Date Completed
4/28/2008

Registered Agent Information
Steve Wolf
2810 Frank Scott Pkway West, Suite 820

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	17
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	16
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	110

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	115	115	115	110	9	18	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	119	115	115	115	110	9	18	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	156
Total Discharges 2007	147
Residents on 12/31/2007	110

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2613	39.8%	19117	65.5%	16435	38165	87.9%	90.9%
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	2613	39.8%	19117	65.5%	16435	38165	87.9%	90.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	7	24	0	0	0	0	0	0	7	24	31
85+	14	58	0	0	0	0	0	0	14	58	72
TOTALS	23	87	0	0	0	0	0	0	23	87	110

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COLUMBIA CONVALESCENT CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106
Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	46	0	0	54	0	110
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
TOTALS	10	46	0	0	54	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	15.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	55.00
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
9.0%	42.3%	0.0%	0.0%	48.7%	100.0%		0.0%
456,225	2,139,461	0	0	2,461,820	5,057,507	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Columbus Manor Residential
5107-21 West Jackson Blvd
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001994
Health Service Area 006 Planning Service Area 602

Administrator
Patrick O'Brien

Contact Person and Telephone
Patrick O'Brien
773-378-5490

Date Completed
5/12/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	141
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	141

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	189	148	189	141	48	54	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	189	189	148	189	141	48	54	216

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	145
Total Admissions 2007	65
Total Discharges 2007	69
Residents on 12/31/2007	141

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	52925	67.1%	0	52925	76.7%	76.7%
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	0	0.0%	52925	67.1%	0	52925	76.7%	76.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	23	0	0	0	0	0	0	8	23	31
45 to 59	22	41	0	0	0	0	0	0	22	41	63
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	11	13	0	0	0	0	0	0	11	13	24
75 to 84	5	0	0	0	0	0	0	0	5	0	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	55	86	0	0	0	0	0	0	55	86	141

Columbus Manor Residential
5107-21 West Jackson Blvd
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001994
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	141	0	0	0	0	141
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
TOTALS	0	141	0	0	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	85	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	101	0	0	0	101
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

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	15.00
Other Health Staff	0.00
Non-Health Staff	29.00
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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	4,282,858	0	0	0	4,282,858	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Contact Person and Telephone
Martin Lee
773-287-5959

Date Completed
5/14/2008

Registered Agent Information

EVANSTON, IL 60202

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	13
Endocrine/Metabolic	17
Blood Disorders	15
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	75
Developmental Disability	0
Circulatory System	11
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	187

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	216	210	216	187	29	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	210	216	187	29	108	216

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	194
Total Admissions 2007	65
Total Discharges 2007	72
Residents on 12/31/2007	187

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2702	6.9%	67120	85.1%	13	69835	88.6%	88.6%
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%
TOTALS	2702	6.9%	67120	85.1%	13	69835	88.6%	88.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	14	7	21
45 to 59	52	29	0	0	0	0	0	0	52	29	81
60 to 64	15	11	0	0	0	0	0	0	15	11	26
65 to 74	17	13	0	0	0	0	0	0	17	13	30
75 to 84	11	9	0	0	0	0	0	0	11	9	20
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	112	75	0	0	0	0	0	0	112	75	187

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO, IL. 60644

Reference Numbers Facility ID 6002067
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	176	0	0	1	0	187
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
TOTALS	10	176	0	0	1	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	125	0	0	0	125
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	12	0	0	0	12
Total	187	0	0	0	187

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	53.00
Other Health Staff	10.00
Non-Health Staff	48.00
Totals	142.00

NET REVENUE BY PAYOR 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%	77.0%	0.0%	0.0%	10.1%	100.0%		0.0%
1,082,097	6,428,619	1,357	0	840,853	8,352,926	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Community Care
4314 South Wabash Avenue
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002026
Health Service Area 006 Planning Service Area 603

Administrator
Denise Martin

Contact Person and Telephone
Denise Martin
773-538-8300

Date Completed
7/14/2008

Registered Agent Information
Avrum Weinfield
6865 North Lincoln Avenue
Lincolnwood, IL 60712

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
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	3
Endocrine/Metabolic	25
Blood Disorders	6
*Nervous System Non Alzheimer	16
Alzheimer Disease	6
Mental Illness	42
Developmental Disability	0
Circulatory System	31
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	10
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	5
TOTALS	195

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	204	204	204	204	195	9	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	204	204	204	204	195	9	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	188
Total Admissions 2007	100
Total Discharges 2007	93
Residents on 12/31/2007	195

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6296	0.0%	56445	0.0%	0	62741	84.3%	84.3%
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%
TOTALS	6296	0.0%	56445	0.0%	0	62741	84.3%	84.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	5	8	13
45 to 59	16	12	0	0	0	0	0	0	16	12	28
60 to 64	18	29	0	0	0	0	0	0	18	29	47
65 to 74	20	20	0	0	0	0	0	0	20	20	40
75 to 84	4	38	0	0	0	0	0	0	4	38	42
85+	10	15	0	0	0	0	0	0	10	15	25
TOTALS	73	122	0	0	0	0	0	0	73	122	195

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Community Care
4314 South Wabash Avenue
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002026
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	178	0	0	0	0	195
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
TOTALS	17	178	0	0	0	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	189	0	0	0	189
Hawaiian/Pac. Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	2	0	0	0	2
Total	195	0	0	0	195

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	4	0	0	0	4
Total	195	0	0	0	195

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	58.00
Other Health Staff	15.00
Non-Health Staff	65.00
Totals	158.00

NET REVENUE BY PAYOR 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%	74.2%	0.0%	0.5%	0.2%	100.0%		0.0%
2,073,095	6,120,735	0	43,443	12,870	8,250,143	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COMMUNITY MED. CTR. OF WESTERN
1000 WEST HARLEM AVENUE
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6002042
Health Service Area 002 Planning Service Area 071

Administrator
Susan A. Higbee, R.N.

Contact Person and Telephone
SUSAN A. HIGBEE
309-734-1408, ext. 437

Date Completed
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	45	43	36	43	26	19	15	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	45	43	36	43	26	19	15	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	34
Total Admissions 2007	52
Total Discharges 2007	60
Residents on 12/31/2007	26

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	122	2.2%	0	0.0%	6540	6662	40.6%	42.4%
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%
TOTALS	122	2.2%	0	0.0%	6540	6662	40.6%	42.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	5	21	0	0	0	0	0	0	5	21	26

COMMUNITY MED. CTR. OF WESTERN
1000 WEST HARLEM AVENUE
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6002042
Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	7	19	0	26
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
TOTALS	0	0	0	7	19	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	9.30
Certified Aides	12.90
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	29.70

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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Steve Jeremias

Contact Person and Telephone
Steve Jeremias
630-355-3300

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	153	149	135	149	125	28	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	149	135	149	125	28	153	153

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	170
Total Discharges 2007	167
Residents on 12/31/2007	125

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3933	7.0%	33109	59.3%	8607	45649	81.7%	83.9%
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	3933	7.0%	33109	59.3%	8607	45649	81.7%	83.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	5	0	0	0	0	0	0	5	5	10
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	7	26	0	0	0	0	0	0	7	26	33
85+	14	43	0	0	0	0	0	0	14	43	57
TOTALS	34	91	0	0	0	0	0	0	34	91	125

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COMMUNITY NSG & REHAB CENTER
1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6006175
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	86	0	0	22	0	125
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
TOTALS	17	86	0	0	22	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

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	45.00
Other Health Staff	0.00
Non-Health Staff	44.00
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
24.3%	53.6%	0.0%	3.2%	19.0%	100.0%		0.0%
1,673,764	3,692,417	0	218,655	1,309,835	6,894,671	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CONCORD EXTENDED CARE
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059
Health Service Area 007 Planning Service Area 705

Administrator
Rafi Zimmerman

Contact Person and Telephone
Rafi Zimmerman
708-599-6700

Date Completed
4/17/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	16
Mental Illness	10
Developmental Disability	0
Circulatory System	52
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	134	133	122	133	115	19	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	133	122	133	115	19	134	134

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	110
Total Discharges 2007	110
Residents on 12/31/2007	115

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4959	10.1%	30768	62.9%	5326	41053	83.9%	84.6%
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%
TOTALS	4959	10.1%	30768	62.9%	5326	41053	83.9%	84.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	7	0	0	0	0	0	0	2	7	9
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	31	84	0	0	0	0	0	0	31	84	115

CONCORD EXTENDED CARE
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	85	0	2	18	0	115
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
TOTALS	10	85	0	2	18	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	48.00
Other Health Staff	4.00
Non-Health Staff	38.00
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
26.4%	56.2%	0.4%	0.8%	16.2%	100.0%		0.0%
1,528,386	3,252,993	25,580	46,601	936,919	5,790,479	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
5/1/2008

Registered Agent Information
Sister Rosemaray Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	0
Total Admissions 2007	16
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2660	45.5%	153	2813	48.2%	48.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2660	45.5%	153	2813	48.2%	48.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	10	6	16
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	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CONNELLY HOME
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016364
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	3.71
LPN's	0.98
Certified Aides	18.26
Other Health Staff	4.32
Non-Health Staff	3.50
Totals	31.81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	92.2%	0.0%	0.0%	7.8%	100.0%		0.0%
0	12,239	0	0	1,029	13,269	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CONTINENTAL CARE CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075
Health Service Area 006 Planning Service Area 601

Administrator
Rudi Sternschein

Contact Person and Telephone
Rudi Sternschein
773-271-5600

Date Completed
5/5/2208

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	30
Blood Disorders	23
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	10
Developmental Disability	3
Circulatory System	8
Respiratory System	5
Digestive System	10
Genitourinary System Disorders	14
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	139

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	208	190	139	190	139	69	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	190	139	190	139	69	208	208

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	536
Total Discharges 2007	512
Residents on 12/31/2007	139

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5016	6.6%	43085	56.8%	1435	49536	65.2%	71.4%
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%
TOTALS	5016	6.6%	43085	56.8%	1435	49536	65.2%	71.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	10	2	12
45 to 59	15	12	0	0	0	0	0	0	15	12	27
60 to 64	26	8	0	0	0	0	0	0	26	8	34
65 to 74	30	11	0	0	0	0	0	0	30	11	41
75 to 84	15	3	0	0	0	0	0	0	15	3	18
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	100	39	0	0	0	0	0	0	100	39	139

CONTINENTAL CARE CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075
Health Service Area 006 Planning Service Area 601

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	115	0	6	2	0	139
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
TOTALS	16	115	0	6	2	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	70	0	0	0	70
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	3	0	0	0	3
Total	139	0	0	0	139

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	3	0	0	0	3
Total	139	0	0	0	139

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	38.00
Other Health Staff	5.00
Non-Health Staff	29.00
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
30.9%	65.6%	0.0%	0.4%	3.1%	100.0%		0.0%
2,268,975	4,814,490	0	32,755	226,659	7,342,879	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506
Health Service Area 004 Planning Service Area 147

Administrator
James Wachtel

Contact Person and Telephone
James Wachtel
217-369-7589

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5718	97.9%	0	5718	97.9%	97.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5718	97.9%	0	5718	97.9%	97.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	7
45 to 59	0	0	0	0	5	2	0	0	5	2	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	7	8	0	0	7	8	15

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506
Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	121
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.42
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.92

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
0.0%	87.4%	12.6%	0.0%	0.0%	100.0%		0.0%
0	561,015	81,131	0	0	642,146	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COTILLION RIDGE NURSING CENTER
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002125
Health Service Area 005 Planning Service Area 033

Administrator
Roxann Summers

Contact Person and Telephone
Roxann Summers
618-544-3192

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	72

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	72	1	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	73	73	72	1	18	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	100
Total Discharges 2007	94
Residents on 12/31/2007	72

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4053	61.7%	12540	47.1%	8542	25135	94.3%	94.3%
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%
TOTALS	4053	61.7%	12540	47.1%	8542	25135	94.3%	94.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	18	0	0	0	0	0	0	8	18	26
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	20	52	0	0	0	0	0	0	20	52	72

COTILLION RIDGE NURSING CENTER
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002125
Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	34	0	0	27	0	72
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
TOTALS	11	34	0	0	27	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	2.00
Non-Health Staff	38.00
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
38.8%	33.0%	0.0%	0.0%	28.2%	100.0%		0.0%
1,425,694	1,214,411	0	0	1,038,948	3,679,054	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 L. McFadden

Contact Person and Telephone
Sheila Shelton
618-758-2256

Date Completed
5/29/2008

Registered Agent Information
Alan R Farris
221 S Market ST PO Box 314

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	65

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	65	10	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	65	10	75	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	47
Total Discharges 2007	56
Residents on 12/31/2007	65

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3821	14.0%	13840	50.6%	8612	26273	96.0%	96.0%
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	3821	14.0%	13840	50.6%	8612	26273	96.0%	96.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	16	49	0	0	0	0	0	0	16	49	65

COULTERVILLE CARE CENTER
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers Facility ID 6015200
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	7	34	0	0	24	0	65
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
TOTALS	7	34	0	0	24	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.85
LPN's	7.10
Certified Aides	24.43
Other Health Staff	2.00
Non-Health Staff	22.68
Totals	60.06

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
44.7%	33.4%	0.0%	0.0%	21.9%	100.0%		1.6%
1,812,490	1,354,178	0	0	885,867	4,052,535	66,222	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Country Club Terrace
4900 West 183rd Street
Cntry Club Hill, IL. 60478

Reference Numbers Facility ID 6012868
Health Service Area 007 Planning Service Area 705

Administrator
Patricia O'Brien

Contact Person and Telephone
Patricia O'Brien
708-798-6520

Date Completed
7/14/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5672	#Div/0!	0	5672	97.1%	97.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5672	0.0%	0	5672	97.1%	97.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	6	6	12
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	8	7	0	0	8	7	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Country Club Terrace
4900 West 183rd Street
Cntry Club Hill, IL. 60478

Reference Numbers Facility ID 6012868
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		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	142
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.50
Other Health Staff	1.00
Non-Health Staff	1.00
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%	84.3%	0.0%	0.0%	15.7%	100.0%		0.0%
0	688,842	0	0	127,938	816,780	0	

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141
Health Service Area 004 Planning Service Area 019

Administrator
Carol Ruthenberg

Contact Person and Telephone
Carol Ruthenberg
217-568-7362

Date Completed
4/30/2008

Registered Agent Information
Craig Ater
115 W. Jefferson Ste.401

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	67

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	88	74	88	67	22	81	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	74	88	67	22	81	89

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	75
Total Discharges 2007	74
Residents on 12/31/2007	67

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2273	7.7%	13035	40.1%	9686	24994	76.9%	77.8%
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	2273	7.7%	13035	40.1%	9686	24994	76.9%	77.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	15	0	0	0	0	0	0	5	15	20
85+	6	37	0	0	0	0	0	0	6	37	43
TOTALS	11	56	0	0	0	0	0	0	11	56	67

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	35	0	0	23	0	67
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
TOTALS	9	35	0	0	23	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	12.00
Non-Health Staff	0.00
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
22.2%	36.9%	0.0%	0.0%	40.9%	100.0%		0.0%
791,361	1,319,516	0	0	1,460,216	3,571,094	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002174
Health Service Area 008 Planning Service Area 089

Administrator
Kimberly Kohls

Contact Person and Telephone
Kim Kohls
847-896-4686

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	1
Circulatory System	45
Respiratory System	20
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	189

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	203	207	189	18	131	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	203	207	189	18	131	207

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	197
Total Admissions 2007	360
Total Discharges 2007	368
Residents on 12/31/2007	189

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6269	13.1%	48382	64.0%	16568	71219	94.3%	94.3%
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%
TOTALS	6269	13.1%	48382	64.0%	16568	71219	94.3%	94.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	8	4	12
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	25	33	0	0	0	0	0	0	25	33	58
85+	17	74	0	0	0	0	0	0	17	74	91
TOTALS	63	126	0	0	0	0	0	0	63	126	189

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002174
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	21	139	0	11	18	0	189
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
TOTALS	21	139	0	11	18	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	7	0	0	0	7
Total	189	0	0	0	189

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	19.00
Certified Aides	76.00
Other Health Staff	4.00
Non-Health Staff	70.00
Totals	198.00

NET REVENUE BY PAYOR 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%	53.7%	0.0%	7.6%	11.0%	100.0%		0.0%
3,534,748	6,846,053	0	970,584	1,408,155	12,759,540	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COUNTRYSIDE HEALTHCARE CENTER
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
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	30
Blood Disorders	6
*Nervous System Non Alzheimer	14
Alzheimer Disease	6
Mental Illness	93
Developmental Disability	2
Circulatory System	20
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	186

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	197	197	186	197	186	11	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	186	197	186	11	100	197

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	180
Total Admissions 2007	175
Total Discharges 2007	169
Residents on 12/31/2007	186

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1628	4.5%	64733	90.0%	663	67024	93.2%	93.2%
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%
TOTALS	1628	4.5%	64733	90.0%	663	67024	93.2%	93.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	32	16	0	0	0	0	0	0	32	16	48
45 to 59	53	23	0	0	0	0	0	0	53	23	76
60 to 64	16	4	0	0	0	0	0	0	16	4	20
65 to 74	17	8	0	0	0	0	0	0	17	8	25
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	126	60	0	0	0	0	0	0	126	60	186

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COUNTRYSIDE HEALTHCARE CENTER
1635 EAST 154TH STREET
DOLTON, IL. 60419

Reference Numbers Facility ID 6002190
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	8	178	0	0	0	0	186
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
TOTALS	8	178	0	0	0	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	144	0	0	0	144
Hawaiian/Pac. Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	23.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	50.00
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
6.5%	92.5%	0.4%	0.0%	0.6%	100.0%		0.0%
509,302	7,285,279	34,617	0	43,716	7,872,914	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COUNTRYVIEW CARE CENTER OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6005631
Health Service Area 002 Planning Service Area 109

Administrator
Cindy S. White

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	2
Circulatory System	0
Respiratory System	0
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	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	MEDICAID CERTIFIED
Nursing Care	62	53	51	53	39	23	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	53	51	53	39	23	0	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	46
Total Admissions 2007	34
Total Discharges 2007	41
Residents on 12/31/2007	39

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	956	0.0%	13202	58.3%	1844	16002	70.7%	82.7%
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	956	0.0%	13202	58.3%	1844	16002	70.7%	82.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	4	0	0	0	0	0	0	2	4	6
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	8	31	0	0	0	0	0	0	8	31	39

COUNTRYVIEW CARE CENTER OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6005631
Health Service Area 002 Planning Service Area 109

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	34	0	0	2	0	39
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
TOTALS	3	34	0	0	2	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	28.00

NET REVENUE BY PAYOR 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%	65.2%	0.0%	0.0%	14.1%	100.0%		0.0%
335,344	1,056,282	0	0	228,415	1,620,041	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID 6012223
Health Service Area 004 Planning Service Area 019

Administrator
James Wachtel

Contact Person and Telephone
James Wachtel
217-369-7589

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5683	97.3%	0	5683	97.3%	97.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5683	97.3%	0	5683	97.3%	97.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID 6012223
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	1.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	2.00
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%	88.8%	11.2%	0.0%	0.0%	100.0%		0.0%
0	579,333	72,871	0	0	652,204	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Reference Numbers Facility ID 6002158
Health Service Area 005 Planning Service Area 025

Administrator
Pam Allen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5441	93.2%	0	5441	93.2%	93.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5441	93.2%	0	5441	93.2%	93.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	4	0	0	3	4	7
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Reference Numbers Facility ID 6002158
Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	95	95
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
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
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
527,773	0	0	0	0	527,773	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Covenant Health Care Center
831 Batavia Avenue
BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208
Health Service Area 008 Planning Service Area 089

Administrator
Jeanne Heid-Grubman

Contact Person and Telephone
Jeanne Heid-Grubman
630-879-4300

Date Completed
5/7/2008

Registered Agent Information
Grant D. Erickson
1625 Shermer Rd.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	7
Developmental Disability	0
Circulatory System	16
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	17
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	97

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	97	2	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	0	0	0	0	49		
TOTAL BEDS	148	99	99	99	97	51	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	99
Total Discharges 2007	97
Residents on 12/31/2007	97

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2315	6.4%	13050	36.1%	19925	35290	97.7%	97.7%
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	2315	6.4%	13050	36.1%	19925	35290	65.3%	97.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	14	0	0	0	0	0	0	4	14	18
85+	12	66	0	0	0	0	0	0	12	66	78
TOTALS	16	81	0	0	0	0	0	0	16	81	97

Covenant Health Care Center
831 Batavia Avenue
BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208
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	7	35	0	0	55	0	97
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
TOTALS	7	35	0	0	55	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	218
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	2.70
Certified Aides	41.50
Other Health Staff	2.70
Non-Health Staff	37.50
Totals	103.40

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
11.9%	15.2%	0.0%	0.2%	72.7%	100.0%		0.1%
826,362	1,056,766	0	14,008	5,052,558	6,949,694	3,964	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COVENANT HEALTH CARE CENTER-NORTHBROO
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan Kaspar

Contact Person and Telephone
Jonathan Kaspar
847-480-6350

Date Completed
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	3
Mental Illness	59
Developmental Disability	0
Circulatory System	32
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	148

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	102	101	102	96	6	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	64	64	52	64	52	12		
TOTAL BEDS	166	166	153	166	148	18	102	102

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	148
Total Admissions 2007	206
Total Discharges 2007	206
Residents on 12/31/2007	148

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2827	7.6%	8173	22.0%	24879	35879	96.4%	96.4%
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					18338	18338	78.5%	78.5%
TOTALS	2827	7.6%	8173	22.0%	43217	54217	89.5%	89.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	15	0	0	0	0	2	7	6	22	28
85+	9	68	0	0	0	0	11	32	20	100	120
TOTALS	13	83	0	0	0	0	13	39	26	122	148

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COVENANT HEALTH CARE CENTER-NORTHBROO
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	24	0	0	66	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	47	5	52
TOTALS	6	24	0	0	113	5	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	366	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	124	124

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	48	135
Race Unknown	9	0	0	4	13
Total	96	0	0	52	148

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	87	0	0	48	135
Ethnicity Unknown	8	0	0	3	11
Total	96	0	0	52	148

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.30
LPN's	2.30
Certified Aides	41.10
Other Health Staff	5.30
Non-Health Staff	45.00
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
11.4%	8.9%	0.0%	0.0%	79.7%	100.0%		3.5%
837,319	650,651	0	0	5,835,080	7,323,050	259,927	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

COVENTRY LIVING CENTER, LLC
612 WEST ST. MARY'S STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6011373
Health Service Area 001 Planning Service Area 195

Administrator
Laurie Alumbaugh

Contact Person and Telephone
Barak Baver
773-202-0000

Date Completed
4/30/2008

Registered Agent Information
Paul Gilman
330 North Wabash Ave, Suite 3000

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	124	124	86	124	81	43	48	124
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	5	6	5	1		
TOTAL BEDS	130	130	91	130	86	44	48	124

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	126
Total Discharges 2007	109
Residents on 12/31/2007	86

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4534	25.9%	14337	31.7%	8392	27263	60.2%	60.2%
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					1825	1825	83.3%	83.3%
TOTALS	4534	25.9%	14337	31.7%	10217	29088	61.3%	61.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	7	21	0	0	0	0	1	0	8	21	29
85+	5	35	0	0	0	0	0	4	5	39	44
TOTALS	17	64	0	0	0	0	1	4	18	68	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

COVENTRY LIVING CENTER, LLC
612 WEST ST. MARY'S STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6011373
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	41	0	0	27	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	13	41	0	0	32	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	120	120

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	5	86
Race Unknown	0	0	0	0	0
Total	81	0	0	5	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	77	0	0	5	82
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	5	86

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	32.00
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
39.7%	30.1%	0.0%	4.8%	25.4%	100.0%		0.0%
1,695,973	1,286,769	0	204,062	1,084,827	4,271,631	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Crawford County Conv Center
902 West Mefford Street
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002232
Health Service Area 005 Planning Service Area 033

Administrator
DWIGHT L MILLER

Contact Person and Telephone
MARY A. MILLER
618-546-5638

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
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	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	2
Circulatory System	8
Respiratory System	3
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	30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	54	34	54	30	24	0	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	54	34	54	30	24	0	54

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	30
Total Admissions 2007	7
Total Discharges 2007	7
Residents on 12/31/2007	30

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	9992	50.7%	1402	11394	57.8%	57.8%
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	0	0.0%	9992	50.7%	1402	11394	57.8%	57.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	9	21	0	0	0	0	0	0	9	21	30

Crawford County Conv Center
902 West Mefford Street
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002232
Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	26	0	0	4	0	30
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
TOTALS	0	26	0	0	4	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.50
Certified Aides	15.50
Other Health Staff	0.00
Non-Health Staff	11.00
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%	63.5%	24.0%	0.0%	12.4%	100.0%		0.0%
0	589,092	222,883	0	115,242	927,217	0	

CRAWFORD MEMORIAL LONG TERM CARE
1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011209
Health Service Area 005 Planning Service Area 033

Administrator
Don Annis

Contact Person and Telephone
Debbie Hale MSW, LSW, NHA
618-546-2649

Date Completed
4/2/2008

Registered Agent Information
N/A

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	48	40	23	40	21	27	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	48	40	23	40	21	27	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	20
Total Admissions 2007	35
Total Discharges 2007	34
Residents on 12/31/2007	21

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	7162	7162	40.9%	49.1%
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%
TOTALS	0	0.0%	0	0.0%	7162	7162	40.9%	49.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	8	13	0	0	0	0	0	0	8	13	21

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CRAWFORD MEMORIAL LONG TERM CARE
1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011209
Health Service Area 005 Planning Service Area 033

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	21	0	21
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
TOTALS	0	0	0	0	21	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	2.70
LPN's	1.50
Certified Aides	10.50
Other Health Staff	0.50
Non-Health Staff	1.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CRESTWOOD CARE CENTRE
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265
Health Service Area 007 Planning Service Area 705

Administrator
Judy Dumont

Contact Person and Telephone
Elaine Walker
708-371-0400

Date Completed
5/1/2008

Registered Agent Information
Marc Benjamin
801 Skokie Blvd, Ste 100

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	22
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	26
Mental Illness	52
Developmental Disability	4
Circulatory System	75
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	27
Skin Disorders	4
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	303	303	273	303	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	303	273	303	232	71	303	303

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	252
Total Admissions 2007	350
Total Discharges 2007	370
Residents on 12/31/2007	232

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13189	11.9%	56541	51.1%	21691	91421	82.7%	82.7%
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	13189	11.9%	56541	51.1%	21691	91421	82.7%	82.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	20	7	0	0	0	0	0	0	20	7	27
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	8	43	0	0	0	0	0	0	8	43	51
75 to 84	24	42	0	0	0	0	0	0	24	42	66
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	73	159	0	0	0	0	0	0	73	159	232

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CRESTWOOD CARE CENTRE
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	156	1	2	38	0	232
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
TOTALS	35	156	1	2	38	0	232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	102	0	0	0	102
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	6	0	0	0	6
Total	232	0	0	0	232

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	226	0	0	0	226
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	39.00
Certified Aides	71.00
Other Health Staff	10.00
Non-Health Staff	88.00
Totals	230.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
36.4%	54.6%	0.0%	2.3%	6.6%	100.0%		0.0%
6,056,674	9,082,644	0	378,190	1,103,066	16,620,574	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CRESTWOOD TERRACE OPERATORS, LLC
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273
Health Service Area 007 Planning Service Area 705

Administrator
MILDRED PRERO

Contact Person and Telephone
MILDRED PRERO
(708) 597-5251

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Alzheimer Disease	12
Mental Illness	70
Developmental Disability	0
Circulatory System	25
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	126

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	126	0	126	0	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	126	0	126	0	0	126

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	121
Total Admissions 2007	40
Total Discharges 2007	35
Residents on 12/31/2007	126

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	44165	96.0%	1825	45990	100.0%	100.0%
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	0	0.0%	44165	96.0%	1825	45990	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	0	0	0	0	0	0	5	10	15
45 to 59	22	13	0	0	0	0	0	0	22	13	35
60 to 64	9	14	0	0	0	0	0	0	9	14	23
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	58	68	0	0	0	0	0	0	58	68	126

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CRESTWOOD TERRACE OPERATORS, LLC
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	121	0	0	5	0	126
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
TOTALS	0	121	0	0	5	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	58	0	0	0	58
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

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	29.00
Other Health Staff	0.00
Non-Health Staff	31.00
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%	92.7%	0.0%	0.0%	7.3%	100.0%		0.0%
0	3,855,886	0	0	304,662	4,160,548	0	

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
Irene Glass

Contact Person and Telephone
Irene Glass
815-459-7791

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	114	111	111	111	106	8	114	114
Skilled Under 22	0	0	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	111	111	106	8	114	114

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	102
Total Admissions 2007	114
Total Discharges 2007	110
Residents on 12/31/2007	106

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5128	12.3%	24357	58.5%	8864	38349	92.2%	94.7%
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	5128	12.3%	24357	58.5%	8864	38349	92.2%	94.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	25	0	0	0	0	0	0	6	25	31
85+	5	60	0	0	0	0	0	0	5	60	65
TOTALS	15	91	0	0	0	0	0	0	15	91	106

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	64	0	0	26	0	106
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
TOTALS	16	64	0	0	26	0	106

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	106	0	0	0	106
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	12.00
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
30.7%	40.3%	0.0%	4.7%	24.2%	100.0%		0.0%
1,927,048	2,530,284	0	295,921	1,517,654	6,270,907	0	

CTR HOME FOR HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 6001523
Health Service Area 006 Planning Service Area 602

Administrator
Norme Torres

Contact Person and Telephone
Norme Torres
(773) 782-8700

Date Completed
6/12/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	2
Circulatory System	23
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	73
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	156	156	150	156	138	18	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	150	156	138	18	98	156

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	132
Total Admissions 2007	104
Total Discharges 2007	98
Residents on 12/31/2007	138

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5343	14.9%	43388	76.2%	518	49249	86.5%	86.5%
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	5343	14.9%	43388	76.2%	518	49249	86.5%	86.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	18	68	0	0	0	0	0	0	18	68	86
75 to 84	17	21	0	0	0	0	0	0	17	21	38
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	40	98	0	0	0	0	0	0	40	98	138

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

CTR HOME FOR HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 6001523
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	128	8	0	1	0	1	138
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
TOTALS	128	8	0	1	0	1	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	130	0	0	0	130
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	1	0	0	0	1
Total	138	0	0	0	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	21.00
Certified Aides	33.50
Other Health Staff	4.50
Non-Health Staff	20.00
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
23.5%	74.4%	0.0%	0.0%	2.0%	100.0%		0.0%
1,634,151	5,165,965	0	1,520	142,231	6,943,867	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CUMBERLAND REHAB & HEALTH CARE CENTER
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307
Health Service Area 004 Planning Service Area 029

Administrator
Glenda Fritschle

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	54	54	36	54	33	21	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	54	36	54	33	21	54	54

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	32
Total Admissions 2007	27
Total Discharges 2007	26
Residents on 12/31/2007	33

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	390	2.0%	7522	38.2%	3569	11481	58.2%	58.2%
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%
TOTALS	390	2.0%	7522	38.2%	3569	11481	58.2%	58.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	6	0	0	0	0	0	0	2	6	8
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	8	25	0	0	0	0	0	0	8	25	33

CUMBERLAND REHAB & HEALTH CARE CENTER
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	21	0	0	10	0	33
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
TOTALS	2	21	0	0	10	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	1.00
Non-Health Staff	17.00
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
11.2%	54.0%	0.0%	0.0%	34.8%	100.0%		0.0%
140,866	680,562	0	0	438,135	1,259,563	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013197
Health Service Area 003 Planning Service Area 167

Administrator
Pam Kadow

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5602	95.9%	0	5602	95.9%	95.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5602	95.9%	0	5602	95.9%	95.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	9	0	0	1	9	10
45 to 59	0	0	0	0	1	4	0	0	1	4	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	2	14	0	0	2	14	16

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013197
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.30
Certified Aides	6.50
Other Health Staff	0.75
Non-Health Staff	2.00
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%	88.6%	0.0%	0.0%	11.4%	100.0%		0.0%
0	618,975	0	0	79,427	698,402	0	

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349
Health Service Area 011 Planning Service Area 163

Administrator
D. Robert McCardle

Contact Person and Telephone
Cathy Kehoe
618-394-6419

Date Completed
3/27/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	8
*Nervous System Non Alzheimer	9
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	84

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	57	57	55	2	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	30	29	9		
TOTAL BEDS	95	95	87	87	84	11	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	46
Total Discharges 2007	43
Residents on 12/31/2007	84

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	20345	20345	97.8%	97.8%
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					9900	9900	71.4%	71.4%
TOTALS	0	0.0%	0	0.0%	30245	30245	87.2%	87.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	3	9	5	17	22
85+	10	35	0	0	0	0	0	17	10	52	62
TOTALS	12	43	0	0	0	0	3	26	15	69	84

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	53	2	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	0	0	0	0	82	2	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	28	83
Race Unknown	0	0	0	0	0
Total	55	0	0	29	84

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	29	84
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	29	84

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	22.00
Other Health Staff	2.00
Non-Health Staff	8.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		1.8%
0	0	0	0	4,027,138	4,027,138	73,157	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Danforth House
4540 South Michigan
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002356
Health Service Area 006 Planning Service Area 603

Administrator
Paulette Stallworth

Contact Person and Telephone
DeLois Sullivan-Fondren
773-373-1073

Date Completed
5/23/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5123	93.6%	0	5123	93.6%	93.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5123	93.6%	0	5123	93.6%	93.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	3	8	11
45 to 59	0	0	0	0	0	3	0	0	0	3	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	3	12	0	0	3	12	15

Danforth House
4540 South Michigan
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002356
Health Service Area 006 Planning Service Area 603

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	15	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
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%	87.6%	12.4%	0.0%	0.0%	100.0%		0.0%
0	612,878	86,516	0	0	699,394	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DANVILLE CARE
1701 NORTH BOWMAN
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364
Health Service Area 004 Planning Service Area 183

Administrator
Amy Weir

Contact Person and Telephone
Amy Weir
217-443-2955

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	200	112	112	112	96	104	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	112	112	112	96	104	118	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	107
Total Admissions 2007	94
Total Discharges 2007	105
Residents on 12/31/2007	96

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3724	8.6%	28351	38.8%	5358	37433	51.3%	91.6%
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%
TOTALS	3724	8.6%	28351	38.8%	5358	37433	51.3%	91.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	8	7	15
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	37	59	0	0	0	0	0	0	37	59	96

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DANVILLE CARE
1701 NORTH BOWMAN
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	74	2	0	10	0	96
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
TOTALS	10	74	2	0	10	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

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	35.00
Other Health Staff	1.00
Non-Health Staff	28.00
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
27.3%	57.8%	2.8%	1.4%	10.7%	100.0%		0.0%
1,349,933	2,861,040	138,976	71,003	531,632	4,952,584	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6002398
Health Service Area 002 Planning Service Area 179

Administrator
Terri Dawson

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5820	99.7%	0	5820	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	5820	99.7%	99.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6002398
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.50
Other Health Staff	0.75
Non-Health Staff	2.00
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%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	524,348	0	0	103,173	627,521	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002406
Health Service Area 006 Planning Service Area 603

Administrator
Paulette Stallworth

Contact Person and Telephone
Evalynn Beavers
773-373-1044

Date Completed
5/30/2008

Registered Agent Information
Adrienne Golembiewski
725 S. Wells Suite 1-A

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	14

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4934	90.1%	0	4934	90.1%	90.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4934	90.1%	0	4934	90.1%	90.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002406
Health Service Area 006 Planning Service Area 603

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		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	125
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
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%	88.0%	11.9%	0.0%	0.1%	100.0%		0.0%
0	560,127	76,010	0	730	636,867	0	

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342
Health Service Area 005 Planning Service Area 003

Administrator
John Schmidt

Contact Person and Telephone
Angie Simmons
618-734-1700

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	83	83	73	83	62	21	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	73	83	62	21	83	83

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	68
Total Admissions 2007	64
Total Discharges 2007	70
Residents on 12/31/2007	62

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2476	8.2%	17856	58.9%	4141	24473	80.8%	80.8%
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	2476	8.2%	17856	58.9%	4141	24473	80.8%	80.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	4	17	0	0	0	0	0	0	4	17	21
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	13	49	0	0	0	0	0	0	13	49	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342
Health Service Area 005 Planning Service Area 003

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	43	0	2	7	0	62
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
TOTALS	10	43	0	2	7	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	8.00
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
44.7%	46.6%	0.0%	2.1%	6.6%	100.0%		2.0%
604,572	629,366	0	27,953	89,807	1,351,698	27,285	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Victor Pitts
(815) 933-7374

Date Completed
5/10/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	192
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	2	0	2
Total	0	0	6	0	6

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.34
Other Health Staff	0.40
Non-Health Staff	1.02
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%	92.7%	0.0%	0.0%	7.3%	100.0%		0.0%
0	399,842	0	0	31,708	431,551	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DECATUR MEMORIAL HOSPITAL
2300 NORTH EDWARD STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6002455
Health Service Area 004 Planning Service Area 115

Administrator
Sarah J. Coulter

Contact Person and Telephone
Sarah J. Coulter
217-876-6401

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

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	6
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	69	54	29	54	18	51	54	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	69	54	29	54	18	51	54	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	682
Total Discharges 2007	677
Residents on 12/31/2007	18

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5059	25.7%	0	0.0%	2588	7647	30.4%	38.8%
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	5059	25.7%	0	0.0%	2588	7647	30.4%	38.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	9	9	0	0	0	0	0	0	9	9	18

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DECATUR MEMORIAL HOSPITAL
2300 NORTH EDWARD STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6002455
Health Service Area 004 Planning Service Area 115

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	3	2	0	18
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
TOTALS	13	0	0	3	2	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	1	0	0	0	1
Total	18	0	0	0	18

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	1	0	0	0	1
Total	18	0	0	0	18

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	10.00
Other Health Staff	9.00
Non-Health Staff	3.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DECATUR REHAB & HEALTH CARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Reference Numbers Facility ID 6003081
Health Service Area 004 Planning Service Area 115

Administrator
Lynnette Green

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	17
Mental Illness	2
Developmental Disability	4
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	48

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	58	50	49	50	48	10	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	50	49	50	48	10	0	58

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	27
Total Discharges 2007	23
Residents on 12/31/2007	48

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	15066	71.2%	1371	16437	77.6%	90.1%
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%
TOTALS	0	0.0%	15066	71.2%	1371	16437	77.6%	90.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	25	23	0	0	0	0	0	0	25	23	48

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DECATUR REHAB & HEALTH CARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Reference Numbers Facility ID 6003081
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	44	1	0	3	0	48
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
TOTALS	0	44	1	0	3	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	9.00
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%	92.1%	5.0%	0.0%	2.9%	100.0%		0.0%
0	1,362,194	73,839	0	43,272	1,479,305	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DEERBROOK CARE CENTRE
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6002463
Health Service Area 009 Planning Service Area 197

Administrator
Judy June

Contact Person and Telephone
Judy June
815-744-5560

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	30
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	26
Mental Illness	20
Developmental Disability	0
Circulatory System	34
Respiratory System	30
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	214	207	197	207	182	32	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	207	197	207	182	32	214	214

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	176
Total Admissions 2007	205
Total Discharges 2007	199
Residents on 12/31/2007	182

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8543	10.9%	42008	53.8%	16502	67053	85.8%	88.7%
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	8543	10.9%	42008	53.8%	16502	67053	85.8%	88.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	9	10	0	0	0	0	0	0	9	10	19
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	15	22	0	0	0	0	0	0	15	22	37
75 to 84	18	38	0	0	0	0	0	0	18	38	56
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	65	117	0	0	0	0	0	0	65	117	182

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DEERBROOK CARE CENTRE
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6002463
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	115	23	2	20	0	182
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
TOTALS	22	115	23	2	20	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	152	0	0	0	152
Race Unknown	1	0	0	0	1
Total	182	0	0	0	182

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	178	0	0	0	178
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

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	50.00
Other Health Staff	10.00
Non-Health Staff	46.00
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
31.8%	56.2%	0.0%	2.6%	9.4%	100.0%		0.0%
3,560,891	6,295,441	0	287,951	1,051,393	11,195,676	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/17/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	22
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	52
Non-Medical Conditions	32
TOTALS	179

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	187	190	179	11	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	187	190	179	11	190	190

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	176
Total Admissions 2007	262
Total Discharges 2007	259
Residents on 12/31/2007	179

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6406	9.2%	34895	50.3%	24092	65393	94.3%	94.3%
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%
TOTALS	6406	9.2%	34895	50.3%	24092	65393	94.3%	94.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	22	44	0	0	0	0	0	0	22	44	66
85+	14	81	0	0	0	0	0	0	14	81	95
TOTALS	42	137	0	0	0	0	0	0	42	137	179

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	92	0	0	71	0	179
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
TOTALS	16	92	0	0	71	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	177	0	0	0	177
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	178	0	0	0	178
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	5.00
Certified Aides	64.00
Other Health Staff	4.00
Non-Health Staff	75.00
Totals	177.00

NET REVENUE BY PAYOR 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%	52.6%	0.0%	4.2%	27.0%	100.0%		0.0%
2,570,029	8,355,219	0	669,074	4,281,288	15,875,610	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494
Health Service Area 005 Planning Service Area 121

Administrator
Cara Patterson

Contact Person and Telephone
Jennifer Ruscher
618-532-9630

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5775	98.9%	0	5775	98.9%	98.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5775	98.9%	0	5775	98.9%	98.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
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%	88.9%	0.0%	0.0%	11.1%	100.0%		0.0%
0	612,117	0	0	76,248	688,365	0	

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
4/26/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	4	0	0	2	4	6

DIVISION STREET HOME
317 WEST DIVISION STREET
AMBOY, IL. 61310

Reference Numbers Facility ID 6013643
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	187	178
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	5.00
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%	10.2%	89.8%	0.0%	0.0%	100.0%		0.0%
0	39,509	349,501	0	0	389,010	0	

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	97	97	89	97	77	20	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	89	97	77	20	97	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	135
Total Discharges 2007	144
Residents on 12/31/2007	77

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2129	6.0%	18705	52.8%	9820	30654	86.6%	86.6%
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%
TOTALS	2129	6.0%	18705	52.8%	9820	30654	86.6%	86.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	16	0	0	0	0	0	0	6	16	22
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	18	59	0	0	0	0	0	0	18	59	77

Dobson Plaza
120 Dodge Avenue
EVANSTON, IL. 60202

Reference Numbers Facility ID 6002521
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	45	0	1	26	0	77
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
TOTALS	5	45	0	1	26	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	12.00
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
15.5%	40.5%	0.0%	3.3%	40.7%	100.0%		0.0%
731,804	1,908,913	0	154,868	1,916,349	4,711,934	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Mailyn J. Eaker
618-548-4884

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	28
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	118	116	118	102	18	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	118	116	118	102	18	120	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	108
Total Admissions 2007	128
Total Discharges 2007	134
Residents on 12/31/2007	102

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7482	17.1%	26175	59.8%	5816	39473	90.1%	91.6%
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%
TOTALS	7482	17.1%	26175	59.8%	5816	39473	90.1%	91.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	6	3	9
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	6	41	0	0	0	0	0	0	6	41	47
TOTALS	28	74	0	0	0	0	0	0	28	74	102

DOCTORS NURSING & REHAB CENTER
1201 HAWTHORNE ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6002539
Health Service Area 005 Planning Service Area 121

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	62	2	0	21	0	102
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
TOTALS	17	62	2	0	21	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	13.00
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
43.3%	44.3%	1.1%	1.0%	10.3%	100.0%		0.0%
2,866,397	2,932,555	72,296	63,660	681,394	6,616,302	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID 6014013
Health Service Area 007 Planning Service Area 705

Administrator
Whitmey Oberlink

Contact Person and Telephone
Meloneze Gilbert
708-201-0990

Date Completed
5/2/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	1	3	0	0	1	3	4

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID 6014013
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	243
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.07
LPN's	0.00
Certified Aides	3.56
Other Health Staff	0.14
Non-Health Staff	0.45
Totals	4.47

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%	92.4%	0.0%	0.0%	7.6%	100.0%		0.0%
0	318,568	0	0	26,170	344,738	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DOLTON HEALTHCARE CENTRE
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Reference Numbers Facility ID 6002547
Health Service Area 007 Planning Service Area 705

Administrator
Jerrilynn Williams, R.N.

Contact Person and Telephone
Jerrilynn Williams, R.N,
708-849-5000

Date Completed
5/29/2008

Registered Agent Information
N/A

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	29
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	69

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	77	77	72	77	69	8	39	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	77	77	72	77	69	8	39	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	74
Total Discharges 2007	74
Residents on 12/31/2007	69

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3241	22.8%	20237	76.0%	888	24366	86.7%	86.7%
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	3241	22.8%	20237	76.0%	888	24366	86.7%	86.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	1	0	0	0	0	0	0	3	1	4
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	22	47	0	0	0	0	0	0	22	47	69

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DOLTON HEALTHCARE CENTRE
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Reference Numbers Facility ID 6002547
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	57	0	0	2	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
TOTALS	10	57	0	0	2	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.40
Certified Aides	28.20
Other Health Staff	0.00
Non-Health Staff	26.30
Totals	69.90

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
32.3%	63.9%	0.0%	0.3%	3.6%	100.0%		0.0%
1,398,904	2,769,862	0	12,650	154,648	4,336,064	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DOUGLAS REHAB & CARE CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID 6002570
Health Service Area 004 Planning Service Area 029

Administrator
Dianna K Spence

Contact Person and Telephone
Dianna Spence
217-234-6401

Date Completed
4/30/2008

Registered Agent Information
Robert Hedges
1625 South Sixth Street

FACILITY OWNERSHIP
NON-PROFIT TRUST

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	16
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	79	70	70	70	66	13	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	70	70	70	66	13	79	79

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	101
Total Discharges 2007	98
Residents on 12/31/2007	66

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

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3097	10.7%	15535	53.9%	5286	23918	82.9%	93.6%
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%
TOTALS	3097	10.7%	15535	53.9%	5286	23918	82.9%	93.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	4	15	0	0	0	0	0	0	4	15	19
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	11	55	0	0	0	0	0	0	11	55	66

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DOUGLAS REHAB & CARE CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID 6002570
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	43	0	0	13	0	66
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
TOTALS	10	43	0	0	13	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
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
31.8%	42.6%	0.0%	0.0%	25.6%	100.0%		0.0%
1,246,249	1,671,597	0	0	1,002,034	3,919,880	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6012389
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne Mc Millan

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6012389
Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	120
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.70
Non-Health Staff	1.80
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%	92.2%	0.0%	0.0%	7.8%	100.0%		0.0%
0	597,481	0	0	50,248	647,729	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DUPAGE CONVALESCENT CENTER
400 N COUNTY FARM RD
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612
Health Service Area 007 Planning Service Area 703

Administrator
Beth Welch

Contact Person and Telephone
Barbara Hyde
630-784-4201

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	11
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	70
Alzheimer Disease	44
Mental Illness	15
Developmental Disability	6
Circulatory System	69
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	325

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	508	360	344	360	325	183	50	508
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	508	360	344	360	325	183	50	508

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	328
Total Admissions 2007	399
Total Discharges 2007	402
Residents on 12/31/2007	325

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9192	50.4%	93126	50.2%	19298	121616	65.6%	92.6%
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%
TOTALS	9192	50.4%	93126	50.2%	19298	121616	65.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	16	8	24
45 to 59	34	26	0	0	0	0	0	0	34	26	60
60 to 64	3	13	0	0	0	0	0	0	3	13	16
65 to 74	16	13	0	0	0	0	0	0	16	13	29
75 to 84	35	38	0	0	0	0	0	0	35	38	73
85+	21	102	0	0	0	0	0	0	21	102	123
TOTALS	125	200	0	0	0	0	0	0	125	200	325

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

DUPAGE CONVALESCENT CENTER
400 N COUNTY FARM RD
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	249	0	1	42	0	325
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
TOTALS	33	249	0	1	42	0	325

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	3

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	315	0	0	0	315
Race Unknown	0	0	0	0	0
Total	325	0	0	0	325

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	324	0	0	0	324
Ethnicity Unknown	0	0	0	0	0
Total	325	0	0	0	325

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	13.00
Certified Aides	134.00
Other Health Staff	23.00
Non-Health Staff	134.00
Totals	349.00

NET REVENUE BY PAYOR 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%	68.4%	0.0%	0.0%	14.6%	100.0%		0.0%
5,478,787	22,131,080	0	0	4,723,502	32,333,369	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DYBALL SUNSHINE HOME
P.O. BOX 176
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6002620
Health Service Area 005 Planning Service Area 191

Administrator
Bridget P. 'Pat' McDonagh

Contact Person and Telephone
Bridget P. 'Pat' McDonagh
618-842-4833

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5825	99.7%	0	5825	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5825	99.7%	0	5825	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	1	5	6
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	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	9	0	0	6	9	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

DYBALL SUNSHINE HOME
P.O. BOX 176
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6002620
Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	110	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.50
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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	634	0	0	0	634	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	1	0	0	2	1	3
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	4	2	0	0	4	2	6

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	179
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	6.51
Other Health Staff	0.39
Non-Health Staff	1.01
Totals	8.31

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
0.0%	92.9%	0.0%	0.0%	7.1%	100.0%		0.0%
0	371,784	0	0	28,569	400,354	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

East Bank Center, LLC.
6131 Park Ridge Road
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6003222
Health Service Area 001 Planning Service Area 201

Administrator
Patrick Scales

Contact Person and Telephone
Patrick Scales
815-633-6810

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	42	41	42	29	25	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	41	42	29	25	54	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	9
Total Admissions 2007	383
Total Discharges 2007	363
Residents on 12/31/2007	29

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7112	36.1%	199	5.5%	2276	9587	48.6%	62.5%
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	7112	36.1%	199	5.5%	2276	9587	48.6%	62.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	9	20	0	0	0	0	0	0	9	20	29

East Bank Center, LLC.
6131 Park Ridge Road
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6003222
Health Service Area 001 Planning Service Area 201

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	1	5	3	0	29
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
TOTALS	20	0	1	5	3	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
74.4%	0.2%	0.0%	17.3%	8.0%	100.0%		0.0%
2,903,846	9,753	0	676,633	312,637	3,902,869	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EAST PEORIA GARDENS HLTHCR CTR
1910 SPRINGFIELD ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003701
Health Service Area 002 Planning Service Area 179

Administrator
Tammy Stoneberger

Contact Person and Telephone
Jamee O'Brien
847-922-3672

Date Completed
5/5/2008

Registered Agent Information
Meyer Magence
8320 Skokie Boulevard

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	1
Circulatory System	2
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	103	103	95	103	37	66	0	103
Skilled Under 22	0	0	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	103	95	103	37	66	0	103

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	74
Total Discharges 2007	111
Residents on 12/31/2007	37

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	674	0.0%	18878	50.2%	1161	20713	55.1%	55.1%
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%
TOTALS	674	0.0%	18878	50.2%	1161	20713	55.1%	55.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	9	0	0	0	0	0	0	13	9	22
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	0	3	0	0	0	0	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	19	18	0	0	0	0	0	0	19	18	37

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EAST PEORIA GARDENS HLTHCR CTR
1910 SPRINGFIELD ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003701
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	31	0	0	3	0	37
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
TOTALS	3	31	0	0	3	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.32
LPN's	6.11
Certified Aides	15.85
Other Health Staff	7.69
Non-Health Staff	19.66
Totals	56.63

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
10.9%	84.7%	0.0%	0.0%	4.4%	100.0%		0.0%
222,768	1,723,995	0	0	89,178	2,035,941	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pamela Rosenkranz
217-422-4884

Date Completed
4/23/2008

Registered Agent Information
Alfred Kreckman
908 N. Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	0	5475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	7	0	7
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	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	15	0	0	0	15	0	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EAST SIDE TERRACE
3850 EAST FULTON
DECATUR, IL. 62521

Reference Numbers Facility ID 6012926
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	9.03
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	10.90

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%	84.6%	0.0%	0.0%	15.4%	100.0%		0.0%
0	530,114	0	0	96,191	626,305	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EASTERN STAR AT MACON
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Reference Numbers Facility ID 6002653
Health Service Area 004 Planning Service Area 115

Administrator
Cindy L. Lewton

Contact Person and Telephone
Cindy L. Lewton
217-764-3348

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	44	35	23	35	18	26	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	26	12	7	12	4	22		
TOTAL BEDS	70	47	30	47	22	48	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	30
Total Admissions 2007	5
Total Discharges 2007	13
Residents on 12/31/2007	22

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	7730	7730	48.1%	60.5%
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					2175	2175	22.9%	49.7%
TOTALS	0	0.0%	0	0.0%	9905	9905	38.8%	57.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	2	2
75 to 84	0	1	0	0	0	0	0	5	0	6	6
85+	0	3	0	0	0	0	0	11	0	14	14
TOTALS	0	5	0	0	0	0	0	17	0	22	22

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EASTERN STAR AT MACON
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Reference Numbers Facility ID 6002653
Health Service Area 004 Planning Service Area 115

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	18	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	0	0	0	0	22	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	4	22
Race Unknown	0	0	0	0	0
Total	18	0	0	4	22

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	4	22
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	4	22

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	16.00
Other Health Staff	0.00
Non-Health Staff	31.00
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%	0.0%	55.8%	44.2%	0.0%	100.0%		0.0%
0	0	376,374	297,787	0	674,161	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6007025
Health Service Area 003 Planning Service Area 013

Administrator
Teresa Bauer

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	15
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	92	92	61	92	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	61	92	58	34	92	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	44
Total Discharges 2007	45
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2198	6.5%	15527	46.2%	3088	20813	62.0%	62.0%
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	2198	6.5%	15527	46.2%	3088	20813	62.0%	62.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	15	43	0	0	0	0	0	0	15	43	58

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6007025
Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	42	0	0	9	0	58
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
TOTALS	7	42	0	0	9	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	0.00
Non-Health Staff	14.00
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
38.0%	47.1%	0.0%	0.0%	14.9%	100.0%		0.0%
976,551	1,211,287	0	0	381,951	2,569,789	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237
Health Service Area 004 Planning Service Area 139

Administrator
Bonnie Hayden

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	19
Mental Illness	3
Developmental Disability	6
Circulatory System	6
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	61

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	63	63	63	61	2	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	63	63	63	61	2	0	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	51
Total Discharges 2007	48
Residents on 12/31/2007	61

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2123	0.0%	15297	66.5%	4082	21502	93.5%	93.5%
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	2123	0.0%	15297	66.5%	4082	21502	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	2	4	0	0	0	0	0	0	2	4	6
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	22	39	0	0	0	0	0	0	22	39	61

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237
Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	46	0	1	11	0	61
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
TOTALS	3	46	0	1	11	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	21.00
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
25.2%	59.8%	0.0%	0.2%	14.8%	100.0%		0.0%
661,469	1,571,791	0	5,735	387,618	2,626,613	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jane Hamilton Rubin

Contact Person and Telephone
Jane Hamilton Rubin
618-288-5014

Date Completed
5/12/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	43
Mental Illness	23
Developmental Disability	1
Circulatory System	31
Respiratory System	10
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	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	MEDICAID CERTIFIED
Nursing Care	138	138	130	138	121	17	138	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	138	138	130	138	121	17	138	110

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	266
Total Discharges 2007	273
Residents on 12/31/2007	121

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3830	7.6%	17207	42.9%	23635	44672	88.7%	88.7%
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	3830	7.6%	17207	42.9%	23635	44672	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	9	37	0	0	0	0	0	0	9	37	46
85+	4	65	0	0	0	0	0	0	4	65	69
TOTALS	15	106	0	0	0	0	0	0	15	106	121

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	42	0	1	68	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
TOTALS	10	42	0	1	68	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	20.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	66.00
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
22.3%	23.2%	0.0%	2.3%	52.2%	100.0%		0.0%
1,538,279	1,594,164	0	159,227	3,593,950	6,885,620	3,157	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Edwardsville Nursing & Rehab
401 St. Mary's Drive
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729
Health Service Area 011 Planning Service Area 119

Administrator
Johnny Law

Contact Person and Telephone
John Law
618-692-1330

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	28
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	19
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	111

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	111	120	111	9	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	120	111	120	111	9	32	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	151
Total Discharges 2007	141
Residents on 12/31/2007	111

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3212	27.5%	27617	63.1%	7122	37951	86.6%	86.6%
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%
TOTALS	3212	27.5%	27617	63.1%	7122	37951	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	7	0	0	0	0	0	0	5	7	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	14	12	0	0	0	0	0	0	14	12	26
75 to 84	7	24	0	0	0	0	0	0	7	24	31
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	35	76	0	0	0	0	0	0	35	76	111

Edwardsville Nursing & Rehab
401 St. Mary's Drive
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729
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	13	78	0	4	16	0	111
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
TOTALS	13	78	0	4	16	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	4.00
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
26.0%	51.5%	0.4%	0.0%	22.1%	100.0%		0.0%
1,224,254	2,424,202	20,000	0	1,041,531	4,709,989	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783
Health Service Area 011 Planning Service Area 119

Administrator
Angela Hnatowich

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	365	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.00
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%	84.2%	0.0%	0.0%	15.8%	100.0%		0.0%
0	633,090	0	0	118,440	751,530	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EFFINGHAM REHAB & HEALTH C CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6009559
Health Service Area 005 Planning Service Area 049

Administrator
Lola White

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	11
Developmental Disability	3
Circulatory System	18
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	62	62	55	62	52	10	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	62	55	62	52	10	16	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	56
Total Discharges 2007	49
Residents on 12/31/2007	52

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2209	37.8%	11751	51.9%	4445	18405	81.3%	81.3%
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%
TOTALS	2209	37.8%	11751	51.9%	4445	18405	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	9	13	0	0	0	0	0	0	9	13	22
TOTALS	17	35	0	0	0	0	0	0	17	35	52

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EFFINGHAM REHAB & HEALTH C CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6009559
Health Service Area 005 Planning Service Area 049

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	12	0	52
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
TOTALS	7	33	0	0	12	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	1.00
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
36.1%	44.3%	0.0%	0.0%	19.7%	100.0%		0.0%
787,191	966,121	0	0	429,060	2,182,372	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737
Health Service Area 005 Planning Service Area 049

Administrator
Jo Donaldson

Contact Person and Telephone
Jo Donaldson
217-663-3813

Date Completed
5/14/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	6
Total Discharges 2007	4
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5073	86.9%	0	5073	86.9%	86.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5073	86.9%	0	5073	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	5	1	0	0	5	1	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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.70
Non-Health Staff	2.60
Totals	10.55

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	444,689	0	0	86,760	531,449	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5685	97.3%	0	5685	97.3%	97.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5685	97.3%	0	5685	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	7	2	9
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	1	0	0	0	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013692
Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.64
Non-Health Staff	2.00
Totals	10.89

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
0.0%	87.0%	0.0%	0.0%	13.0%	100.0%		0.0%
0	615,285	0	0	91,648	706,933	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Ruth Swift

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
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
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	123	119	118	119	113	10	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	119	118	119	113	10	0	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	59
Total Discharges 2007	61
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	388	0.0%	36133	80.5%	4327	40848	91.0%	94.0%
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	388	0.0%	36133	80.5%	4327	40848	91.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	13	7	20
45 to 59	18	19	0	0	0	0	0	0	18	19	37
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	59	54	0	0	0	0	0	0	59	54	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	103	6	0	3	0	113
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
TOTALS	1	103	6	0	3	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	1	0	0	0	1
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	1.00
Non-Health Staff	26.00
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
4.2%	81.4%	7.1%	0.0%	7.3%	100.0%		0.0%
157,548	3,021,890	261,982	0	271,777	3,713,197	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
312-666-4511

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

EL VALOR RESIDENCE
1931 WEST 19TH STREET
CHICAGO, IL. 60608

Reference Numbers Facility ID 6002752
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	2.50
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%	67.3%	32.7%	0.0%	0.0%	100.0%		4.8%
0	385,755	187,691	0	0	573,446	27,324	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELDERCARE OF ALTON
3523 WICKENHAUSER
ALTON, IL. 62002

Reference Numbers Facility ID 6002778
Health Service Area 011 Planning Service Area 119

Administrator
Deborah Cutright

Contact Person and Telephone
Deborah Cutright
618-465-8887

Date Completed
4/9/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	44
Mental Illness	8
Developmental Disability	5
Circulatory System	22
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	181	160	133	160	133	48	37	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	160	133	160	133	48	37	181

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	124
Total Admissions 2007	269
Total Discharges 2007	260
Residents on 12/31/2007	133

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1946	14.4%	40060	60.6%	5743	47749	72.3%	81.8%
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	1946	14.4%	40060	60.6%	5743	47749	72.3%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	5	0	0	0	0	0	0	3	5	8
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	23	0	0	0	0	0	0	6	23	29
75 to 84	16	48	0	0	0	0	0	0	16	48	64
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	36	97	0	0	0	0	0	0	36	97	133

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ELDERCARE OF ALTON
3523 WICKENHAUSER
ALTON, IL. 62002

Reference Numbers Facility ID 6002778
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	8	115	0	0	10	0	133
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
TOTALS	8	115	0	0	10	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	8.00
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
4.9%	83.0%	0.0%	0.1%	12.0%	100.0%		0.0%
226,895	3,830,863	0	4,140	554,260	4,616,158	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Reference Numbers Facility ID 6002810
Health Service Area 001 Planning Service Area 085

Administrator
KAREN HEIDENREICH

Contact Person and Telephone
KAREN HEIDENREICH
815-858-2275, EXT. 230

Date Completed
5/9/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	46	3	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	46	3	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	43
Total Admissions 2007	28
Total Discharges 2007	25
Residents on 12/31/2007	46

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	6116	34.2%	10160	16276	91.0%	91.0%
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	0	0.0%	6116	34.2%	10160	16276	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	5	0	0	0	0	0	0	7	5	12
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	14	32	0	0	0	0	0	0	14	32	46

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Reference Numbers Facility ID 6002810
Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	28	0	46
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
TOTALS	0	18	0	0	28	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	0.00
Non-Health Staff	11.00
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%	12.6%	0.0%	0.0%	87.4%	100.0%		0.0%
0	234,428	0	0	1,619,781	1,854,210	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409
Health Service Area 005 Planning Service Area 157

Administrator
Randi Leone

Contact Person and Telephone
Karla Rogers
618-853-4451

Date Completed
4/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5517	94.5%	0	5517	94.5%	94.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5517	94.5%	0	5517	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409
Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
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%		0.0%
0	605,182	0	0	0	605,182	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELM BROOK HLTH C & REHAB CTRE
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

Administrator
Connie Sherman

Contact Person and Telephone
Connie Sherman
630-530-5225

Date Completed
5/30/2008

Registered Agent Information
Laurence Zung
3520 West Thorndale

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	26
Blood Disorders	0
*Nervous System Non Alzheimer	39
Alzheimer Disease	15
Mental Illness	6
Developmental Disability	6
Circulatory System	27
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	154	180	154	26	63	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	154	180	154	26	63	180

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	154
Total Admissions 2007	84
Total Discharges 2007	84
Residents on 12/31/2007	154

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5635	24.5%	42929	65.3%	6234	54798	83.4%	83.4%
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%
TOTALS	5635	24.5%	42929	65.3%	6234	54798	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	4	0	0	0	0	0	0	3	4	7
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	22	33	0	0	0	0	0	0	22	33	55
85+	17	44	0	0	0	0	0	0	17	44	61
TOTALS	61	93	0	0	0	0	0	0	61	93	154

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ELM BROOK HLTH C & REHAB CTRE
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	96	11	3	27	0	154
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
TOTALS	17	96	11	3	27	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	238	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	10	0	0	0	10
Total	154	0	0	0	154

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	2.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	131.00
Totals	209.00

NET REVENUE BY PAYOR 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%	59.3%	0.7%	0.0%	11.9%	100.0%		0.0%
2,526,821	5,329,012	66,289	0	1,065,908	8,988,030	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
John Massard

Contact Person and Telephone
Karen Moorefield
630-516-5000

Date Completed
4/23/2008

Registered Agent Information
Maurice Albin, Attorney
77 W. Washington St. #1018

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	11
Non-Medical Conditions	6
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	108	92	105	89	23	39	39
Skilled Under 22	0	0	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	108	92	105	89	23	39	39

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	78
Total Admissions 2007	268
Total Discharges 2007	257
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6853	48.1%	4186	29.4%	19335	30374	74.3%	77.1%
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%
TOTALS	6853	48.1%	4186	29.4%	19335	30374	74.3%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	13	19	0	0	0	0	0	0	13	19	32
85+	8	46	0	0	0	0	0	0	8	46	54
TOTALS	22	67	0	0	0	0	0	0	22	67	89

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828
Health Service Area 007 Planning Service Area 703

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	0	58	0	89
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
TOTALS	20	11	0	0	58	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	1	0	0	0	1
Total	89	0	0	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	4.00
Non-Health Staff	32.00
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
37.3%	11.8%	0.0%	0.3%	50.6%	100.0%		0.0%
2,272,611	721,861	0	19,000	3,086,456	6,099,928	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310
Health Service Area 007 Planning Service Area 703

Administrator
Kenneth Bowman

Contact Person and Telephone
Marie Corsino
630-833-1400 x44719

Date Completed
5/27/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	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	30
Non-Medical Conditions	0
TOTALS	30

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	38	38	38	30	8	38	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	38	38	38	30	8	38	38

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	26
Total Admissions 2007	881
Total Discharges 2007	877
Residents on 12/31/2007	30

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11550	83.3%	145	1.0%	1310	13005	93.8%	93.8%
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	11550	83.3%	145	1.0%	1310	13005	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	9	21	0	0	0	0	0	0	9	21	30

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	0	0	3	0	0	30
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
TOTALS	27	0	0	3	0	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	998	998
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.20
LPN's	1.80
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	4.50
Totals	39.50

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%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270
Health Service Area 007 Planning Service Area 704

Administrator
Lori Barrish

Contact Person and Telephone
Lori Barrish
708-452-9200

Date Completed
4/29/2008

Registered Agent Information
Eric Rothner
2201 W. Main St

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	36
Mental Illness	22
Developmental Disability	8
Circulatory System	0
Respiratory System	50
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	181

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	203	245	181	64	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	203	245	181	64	245	245

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	189
Total Admissions 2007	308
Total Discharges 2007	316
Residents on 12/31/2007	181

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9781	10.9%	54149	60.6%	5852	69782	78.0%	78.0%
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	9781	10.9%	54149	60.6%	5852	69782	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	9	6	15
45 to 59	20	21	0	0	0	0	0	0	20	21	41
60 to 64	12	10	0	0	0	0	0	0	12	10	22
65 to 74	19	23	0	0	0	0	0	0	19	23	42
75 to 84	8	28	0	0	0	0	0	0	8	28	36
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	74	107	0	0	0	0	0	0	74	107	181

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	150	0	3	7	0	181
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
TOTALS	21	150	0	3	7	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	4.00
Certified Aides	47.00
Other Health Staff	32.00
Non-Health Staff	60.00
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
35.1%	48.1%	1.1%	3.3%	12.4%	100.0%		0.0%
4,257,063	5,829,502	128,403	404,494	1,499,373	12,118,835	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6005961
Health Service Area 011 Planning Service Area 119

Administrator
Robert McDonald

Contact Person and Telephone
Robert McDonald
618-344-7750

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	17
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	1
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	26
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	104	104	78	104	73	31	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	78	104	73	31	13	104

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	82
Total Discharges 2007	80
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2681	56.5%	18364	48.4%	5800	26845	70.7%	70.7%
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	2681	56.5%	18364	48.4%	5800	26845	70.7%	70.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	3	0	0	0	0	0	0	6	3	9
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	34	39	0	0	0	0	0	0	34	39	73

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6005961
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	9	53	0	0	11	0	73
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
TOTALS	9	53	0	0	11	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	73	0	0	0	73
Total	73	0	0	0	73

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
22.6%	61.5%	2.2%	2.2%	11.5%	100.0%		0.0%
740,740	2,018,949	72,915	72,027	378,094	3,282,725	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Contact Person and Telephone
Cathy Hill
630-897-3100

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	30
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	12
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	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	68	54	68	54	14	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	54	68	54	14	68	68

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	89
Total Discharges 2007	90
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3146	12.7%	12057	48.6%	4330	19533	78.7%	78.7%
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	3146	12.7%	12057	48.6%	4330	19533	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	28	26	0	0	0	0	0	0	28	26	54

ELMWOOD TERRACE HEALTHCARE CTR
1017 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002844
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	14	30	0	0	10	0	54
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
TOTALS	14	30	0	0	10	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	2	0	0	0	2
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

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	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
41.7%	39.0%	0.0%	0.0%	19.3%	100.0%		0.0%
1,304,603	1,219,643	0	0	602,747	3,126,993	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Elston Nursing & Rehab Centre
4340 North Keystone
CHICAGO, IL. 60641

Reference Numbers Facility ID 6002851
Health Service Area 006 Planning Service Area 601

Administrator
Steven Schayer

Contact Person and Telephone
Steven Schayer
773-545-8700

Date Completed
4/18/2008

Registered Agent Information
Reed Smith Sachnof and Weaver
30 South Wacker Dr,

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	117	117	117	117	116	1	32	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	117	117	116	1	32	117

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	343
Total Discharges 2007	332
Residents on 12/31/2007	116

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3645	31.2%	35529	83.2%	1093	40267	94.3%	94.3%
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%
TOTALS	3645	31.2%	35529	83.2%	1093	40267	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	9	0	0	0	0	0	0	17	9	26
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	61	55	0	0	0	0	0	0	61	55	116

Elston Nursing & Rehab Centre
4340 North Keystone
CHICAGO, IL. 60641

Reference Numbers Facility ID 6002851
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	92	0	0	18	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
TOTALS	6	92	0	0	18	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	1	0	0	0	1
White	70	0	0	0	70
Race Unknown	25	0	0	0	25
Total	116	0	0	0	116

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	1	0	0	0	1
Total	116	0	0	0	116

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	29.00
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
20.6%	76.7%	0.1%	0.0%	2.6%	100.0%		1.4%
1,170,787	4,354,601	4,603	0	145,975	5,675,966	81,700	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EMBASSY CARE CENTER, INC
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312
Health Service Area 009 Planning Service Area 197

Administrator
Carolyn Sue Bessette

Contact Person and Telephone
Carolyn Sue Bessette
815-476-2200

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	15
Blood Disorders	10
*Nervous System Non Alzheimer	12
Alzheimer Disease	23
Mental Illness	43
Developmental Disability	3
Circulatory System	9
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	171	171	149	171	142	29	80	169
Skilled Under 22	0	0	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	149	171	142	29	80	169

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	155
Total Discharges 2007	149
Residents on 12/31/2007	142

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6324	21.7%	39882	64.7%	6618	52824	84.6%	84.6%
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%
TOTALS	6324	21.7%	39882	64.7%	6618	52824	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	10	8	18
45 to 59	30	10	0	0	0	0	0	0	30	10	40
60 to 64	8	3	0	0	0	0	0	0	8	3	11
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	8	16	0	0	0	0	0	0	8	16	24
TOTALS	75	67	0	0	0	0	0	0	75	67	142

EMBASSY CARE CENTER, INC
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	109	0	0	15	0	142
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
TOTALS	18	109	0	0	15	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	4	0	0	0	4
Total	142	0	0	0	142

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	142	0	0	0	142

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	22.00
Certified Aides	45.00
Other Health Staff	4.00
Non-Health Staff	57.00
Totals	138.50

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
32.9%	54.8%	0.6%	0.0%	11.8%	100.0%		0.0%
2,364,047	3,941,503	42,615	0	847,011	7,195,176	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lori Dillman

Contact Person and Telephone
Marsha Rose
309-647-6604

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	4
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5526	94.6%	0	5526	94.6%	94.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5526	94.6%	0	5526	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EMERALD ESTATES
1577 EAST MYRTLE, PO BOX 232
CANTON, IL. 61520

Reference Numbers Facility ID 6011787
Health Service Area 002 Planning Service Area 057

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		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	105	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%		0.0%
0	579,715	0	0	0	579,715	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ENFIELD REHAB & HEALTH CARE CENTER
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425
Health Service Area 005 Planning Service Area 193

Administrator
Jane Owens

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/5/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	41	49	37	12	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	41	49	37	12	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	35
Total Admissions 2007	14
Total Discharges 2007	12
Residents on 12/31/2007	37

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12607	70.5%	1264	13871	77.6%	77.6%
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%
TOTALS	0	0.0%	12607	70.5%	1264	13871	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	1	0	0	0	0	0	0	2	1	3
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	10	27	0	0	0	0	0	0	10	27	37

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ENFIELD REHAB & HEALTH CARE CENTER
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425
Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	34	0	0	3	0	37
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
TOTALS	0	34	0	0	3	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	14.00
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
0.0%	90.5%	0.0%	0.0%	9.5%	100.0%		0.0%
0	1,010,254	0	0	105,546	1,115,800	0	

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
Gladys A. Sullivan

Contact Person and Telephone
Gladys A. Sullivan
618-463-7330

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
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	1
Alzheimer Disease	16
Mental Illness	5
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	62	62	62	62	62	0	40	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	62	62	62	0	40	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	60
Total Admissions 2007	129
Total Discharges 2007	127
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1811	12.4%	2131	97.3%	17892	21834	96.5%	96.5%
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	1811	12.4%	2131	97.3%	17892	21834	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	19	0	0	0	0	0	0	5	19	24
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	13	49	0	0	0	0	0	0	13	49	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EUNICE C. SMITH NURSING HOME
1251 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6002877
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	12	5	0	0	45	0	62
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
TOTALS	12	5	0	0	45	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	2.00
Non-Health Staff	8.00
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
16.1%	3.5%	0.0%	7.0%	73.4%	100.0%		0.0%
622,734	136,376	0	271,435	2,845,075	3,875,620	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EVANSTON HOSPITAL
2650 RIDGE AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6014468
Health Service Area 007 Planning Service Area 702

Administrator
Nancy Semerdjian

Contact Person and Telephone
Lisa Garcia
847-570-5048

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	32	27	27	12	0	32	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	32	27	27	12	0	32	32	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	24
Total Admissions 2007	575
Total Discharges 2007	599
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5093	43.6%	0	0.0%	1328	6421	55.0%	65.2%
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%
TOTALS	5093	43.6%	0	0.0%	1328	6421	55.0%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EVANSTON HOSPITAL
2650 RIDGE AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6014468
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	611	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	6.00
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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901
Health Service Area 004 Planning Service Area 105

Administrator
Mark Hovren

Contact Person and Telephone
Susan Johnson
(815) 844-6131

Date Completed
5/2/2008

Registered Agent Information
John A. Taylor
109 N. Mill St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	2
Circulatory System	45
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	12
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	70	68	60	59	14	37	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	141	68	68	64	64	77		
TOTAL BEDS	214	138	136	124	123	91	37	26

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	123
Total Discharges 2007	117
Residents on 12/31/2007	123

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2038	15.1%	6290	66.3%	14827	23155	86.9%	90.6%
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					22766	22766	44.2%	91.7%
TOTALS	2038	15.1%	6290	66.3%	37593	45921	58.8%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	3	0	0	0	0	0	4	2	7	9
75 to 84	2	13	0	0	0	0	3	11	5	24	29
85+	4	35	0	0	0	0	7	38	11	73	84
TOTALS	8	51	0	0	0	0	10	54	18	105	123

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901
Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	15	0	1	40	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	64	0	64
TOTALS	3	15	0	1	104	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	86	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.23
LPN's	6.53
Certified Aides	27.60
Other Health Staff	0.00
Non-Health Staff	45.98
Totals	86.34

NET REVENUE BY PAYOR 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%	9.7%	0.0%	0.9%	74.9%	100.0%		0.5%
746,895	497,582	0	45,470	3,854,598	5,144,545	24,530	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Joanne Graf

Contact Person and Telephone
Joanne Graf
708-907-7050

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	19
Mental Illness	17
Developmental Disability	0
Circulatory System	33
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	23
Injuries and Poisonings	6
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	183

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	242	242	203	242	183	59	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	242	203	242	183	59	242	242

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	178
Total Admissions 2007	2407
Total Discharges 2007	2402
Residents on 12/31/2007	183

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19769	22.4%	20129	22.8%	28380	68278	77.3%	77.3%
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%
TOTALS	19769	22.4%	20129	22.8%	28380	68278	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	0	0	0	0	0	0	8	10	18
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	5	21	0	0	0	0	0	0	5	21	26
75 to 84	28	45	0	0	0	0	0	0	28	45	73
85+	14	46	0	0	0	0	0	0	14	46	60
TOTALS	56	127	0	0	0	0	0	0	56	127	183

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	52	0	41	38	0	183
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
TOTALS	52	52	0	41	38	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	2	0	0	0	2
Ethnicity Unknown	177	0	0	0	177
Total	183	0	0	0	183

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	33.00
Certified Aides	88.00
Other Health Staff	47.00
Non-Health Staff	51.00
Totals	247.00

NET REVENUE BY PAYOR 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%	11.8%	0.0%	32.3%	11.8%	100.0%		0.0%
8,859,614	2,380,286	0	6,505,445	2,372,328	20,117,673	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002133
Health Service Area 005 Planning Service Area 049

Administrator
SHIRLEY M DUNN

Contact Person and Telephone
IRENE SINKLER
217-347-7121

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	0
Circulatory System	36
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	104	82	79	76	44	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	104	82	79	76	44	120	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	92
Total Discharges 2007	95
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4658	10.6%	15271	34.9%	8374	28303	64.6%	74.6%
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%
TOTALS	4658	10.6%	15271	34.9%	8374	28303	64.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	7	16	0	0	0	0	0	0	7	16	23
85+	4	34	0	0	0	0	0	0	4	34	38
TOTALS	16	60	0	0	0	0	0	0	16	60	76

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002133
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	37	0	0	24	0	76
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
TOTALS	15	37	0	0	24	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	0.00
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
41.6%	33.2%	0.0%	0.0%	25.2%	100.0%		0.0%
1,659,685	1,325,825	0	0	1,005,450	3,990,960	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EXCEPTIONAL CARE AND TRAINING CENTER
2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID 6002935
Health Service Area 001 Planning Service Area 195

Administrator
Melissa Francque

Contact Person and Telephone
Wynell Prince Eakle
815-625-5306

Date Completed
4/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	82
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	85	85	83	85	82	3		79
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	83	85	82	3	0	79

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			30016	104.1%	0	30016	96.7%	96.7%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	30016	104.1%	0	30016	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	38	28	0	0	0	0	38	28	66
45 to 59	0	0	7	9	0	0	0	0	7	9	16
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	45	37	0	0	0	0	45	37	82

EXCEPTIONAL CARE AND TRAINING CENTER
2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID 6002935
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	82	0	0	0	0	82
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	82	0	0	0	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	210	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	8	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	74	0	0	74
Race Unknown	0	0	0	0	0
Total	0	82	0	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	77	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	0	82	0	0	82

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	89.00
Other Health Staff	4.00
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
0.5%	76.7%	22.7%	0.0%	0.1%	100.0%		0.0%
31,000	5,022,360	1,485,714	0	9,161	6,548,235	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6007207
Health Service Area 007 Planning Service Area 705

Administrator
Heather Bassett

Contact Person and Telephone
Heather Bassett
708-499-5400

Date Completed
5/1/2008

Registered Agent Information
Abraham Gutnicki
8320 Skokie Blvd.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	19
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	14
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	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	MEDICAID CERTIFIED
Nursing Care	55	55	55	55	40	15	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	55	55	55	40	15	55	55

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	103
Total Discharges 2007	113
Residents on 12/31/2007	40

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2000	10.0%	11688	58.2%	1195	14883	74.1%	74.1%
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%
TOTALS	2000	10.0%	11688	58.2%	1195	14883	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	5	0	0	0	0	0	0	2	5	7
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	1	0	0	0	0	0	0	7	1	8
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	19	21	0	0	0	0	0	0	19	21	40

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6007207
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	30	6	0	1	0	40
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
TOTALS	3	30	6	0	1	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

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	9.00
Other Health Staff	3.00
Non-Health Staff	6.00
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
25.6%	70.2%	0.0%	2.1%	2.0%	100.0%		0.0%
642,513	1,765,900	0	53,941	51,447	2,513,801	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Karen Eisenhaver
618-542-4731

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	7
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	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	53	74	51	23	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	53	74	51	23	29	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	52
Total Discharges 2007	45
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1860	17.6%	9643	35.7%	5617	17120	63.4%	63.4%
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%
TOTALS	1860	17.6%	9643	35.7%	5617	17120	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	8	43	0	0	0	0	0	0	8	43	51

Fair Acres Nursing Home
514 East Jackson
Duquoin, IL. 62832

Reference Numbers Facility ID 6002943
Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	30	0	0	16	0	51
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
TOTALS	5	30	0	0	16	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	93
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	7.00
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
30.1%	40.0%	0.0%	0.0%	29.9%	100.0%		0.0%
562,109	747,703	0	0	559,073	1,868,885	0	

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
Laurie Brown

Contact Person and Telephone
Laurie L. Brown
217-429-2551

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	1
Circulatory System	35
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	144

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	161	151	144	144	144	17	161	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	161	151	144	144	144	17	161	161

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	139
Total Admissions 2007	169
Total Discharges 2007	164
Residents on 12/31/2007	144

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8803	15.0%	28672	48.8%	2134	39609	67.4%	71.9%
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	8803	15.0%	28672	48.8%	2134	39609	67.4%	71.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	4	8	12
75 to 84	11	38	0	0	0	0	0	0	11	38	49
85+	13	67	0	0	0	0	0	0	13	67	80
TOTALS	29	115	0	0	0	0	0	0	29	115	144

FAIR HAVENS CHRISTIAN HOME
1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Reference Numbers Facility ID 6002950
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	69	0	1	40	0	144
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
TOTALS	34	69	0	1	40	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	2	0	0	0	2
Total	144	0	0	0	144

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	69.00
Other Health Staff	39.00
Non-Health Staff	11.00
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
36.4%	34.7%	1.2%	1.6%	26.1%	100.0%		0.0%
2,663,116	2,536,671	88,198	118,024	1,910,059	7,316,069	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968
Health Service Area 005 Planning Service Area 005

Administrator
Kristina Albers

Contact Person and Telephone
Kris Albers
618-664-0808 Ext. 3700

Date Completed
3/28/2008

Registered Agent Information
James Hayes
200 Healthcare Drive

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	7
Developmental Disability	1
Circulatory System	19
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	108	108	108	82	26	10	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	108	108	82	26	10	108

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	130
Total Discharges 2007	129
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2534	69.4%	15379	39.0%	12743	30656	77.8%	77.8%
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	2534	69.4%	15379	39.0%	12743	30656	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	12	24	0	0	0	0	0	0	12	24	36
85+	5	36	0	0	0	0	0	0	5	36	41
TOTALS	18	64	0	0	0	0	0	0	18	64	82

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968
Health Service Area 005 Planning Service Area 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	41	0	0	35	0	82
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
TOTALS	6	41	0	0	35	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.64
LPN's	10.81
Certified Aides	29.33
Other Health Staff	6.91
Non-Health Staff	2.00
Totals	55.69

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
25.1%	36.8%	0.0%	0.0%	38.1%	100.0%		0.0%
933,853	1,371,824	0	0	1,419,215	3,724,892	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/4/2008

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	35	11	40	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	46	46	46	46	35	11	40	8

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	84
Total Discharges 2007	93
Residents on 12/31/2007	35

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2521	17.3%	2689	92.1%	10190	15400	91.7%	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	2521	17.3%	2689	92.1%	10190	15400	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	11	0	0	0	0	0	0	1	11	12
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	5	30	0	0	0	0	0	0	5	30	35

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	7	0	0	23	1	35
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
TOTALS	4	7	0	0	23	1	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	3.00
Non-Health Staff	27.00
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
33.0%	9.0%	0.0%	0.9%	57.2%	100.0%		1.5%
1,008,525	274,582	0	27,183	1,749,330	3,059,621	47,059	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	78	75	78	75	3	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	75	78	75	3	78	78

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	68
Total Admissions 2007	176
Total Discharges 2007	169
Residents on 12/31/2007	75

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3888	13.7%	15371	54.0%	6731	25990	91.3%	91.3%
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%
TOTALS	3888	13.7%	15371	54.0%	6731	25990	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	11	21	0	0	0	0	0	0	11	21	32
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	22	53	0	0	0	0	0	0	22	53	75

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIR OAKS REHAB & HCC
1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID 6002984
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	45	0	2	15	0	75
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
TOTALS	13	45	0	2	15	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	31.00
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
36.1%	43.2%	0.0%	4.2%	16.6%	100.0%		0.0%
1,483,832	1,774,535	0	171,873	681,152	4,111,392	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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 J. Bunting

Contact Person and Telephone
Katherine J. Bunting
618-842-2611, Ext. 333

Date Completed
5/2/2008

Registered Agent Information
Harlan Yates
303 NW 11th Street

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	1
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	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	30	24	25	20	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	30	30	24	25	20	10	30	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	17
Total Admissions 2007	173
Total Discharges 2007	170
Residents on 12/31/2007	20

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3701	33.8%	0	0.0%	1890	5591	51.1%	51.1%
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%
TOTALS	3701	33.8%	0	0.0%	1890	5591	51.1%	51.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	4	0	0	0	0	0	0	0	4	4
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	7	13	0	0	0	0	0	0	7	13	20

FAIRFIELD MEMORIAL HOSPITAL
303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6003016
Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	1	10	0	20
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
TOTALS	9	0	0	1	10	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIRHAVEN CHRISTIAN RET 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

Date Completed
5/5/2008

Registered Agent Information
Thomas T. Bleed
3470 N. Alpine Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	33
Mental Illness	29
Developmental Disability	0
Circulatory System	37
Respiratory System	1
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	157

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	91	85	91	80	16	0	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	135	135	79	135	77	58		
TOTAL BEDS	231	226	164	226	157	74	0	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	146
Total Admissions 2007	134
Total Discharges 2007	123
Residents on 12/31/2007	157

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	10594	30.2%	18217	28811	82.2%	86.7%
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					27124	27124	55.0%	55.0%
TOTALS	0	0.0%	10594	30.2%	45341	55935	66.3%	67.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	2	2
75 to 84	7	14	0	0	0	0	6	21	13	35	48
85+	13	46	0	0	0	0	9	39	22	85	107
TOTALS	20	60	0	0	0	0	15	62	35	122	157

FAIRHAVEN CHRISTIAN RET CENTER
3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6003024
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	32	0	0	48	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	62	15	77
TOTALS	0	32	0	0	110	15	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	131	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	77	157
Race Unknown	0	0	0	0	0
Total	80	0	0	77	157

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	77	157
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	77	157

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	7.60
LPN's	10.30
Certified Aides	34.90
Other Health Staff	3.00
Non-Health Staff	51.20
Totals	109.20

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
0.1%	7.0%	0.0%	0.0%	92.9%	100.0%		4.0%
9,000	585,361	0	0	7,793,166	8,387,527	334,824	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
Health Service Area 006 Planning Service Area 601

Administrator
Bill Pfeiffer

Contact Person and Telephone
Bill Pfeiffer
773-604-8112

Date Completed
5/22/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	16
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	14
Developmental Disability	1
Circulatory System	80
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	149

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	176	176	176	176	149	27	84	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	176	176	176	176	149	27	84	156

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	154
Total Admissions 2007	111
Total Discharges 2007	116
Residents on 12/31/2007	149

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4925	16.1%	46288	81.3%	3957	55170	85.9%	85.9%
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	4925	16.1%	46288	81.3%	3957	55170	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	4	0	4
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	15	36	0	0	0	0	0	0	15	36	51
85+	14	51	0	0	0	0	0	0	14	51	65
TOTALS	48	101	0	0	0	0	0	0	48	101	149

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	122	0	0	13	0	149
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
TOTALS	14	122	0	0	13	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	67	0	0	0	67
Amer. Indian	1	0	0	0	1
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	25	0	0	0	25
Total	149	0	0	0	149

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	1.00
Certified Aides	47.00
Other Health Staff	8.00
Non-Health Staff	54.00
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
22.5%	69.3%	0.0%	0.4%	7.8%	100.0%		0.0%
2,055,968	6,338,386	0	35,626	716,553	9,146,533	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIRVIEW BAPTIST HOME
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032
Health Service Area 007 Planning Service Area 703

Administrator
Gerrianne Dathe

Contact Person and Telephone
Gerrianne Dathe
630-769-6201

Date Completed
6/22/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	13
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	22
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	160	105	95	105	93	67	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	60	58	60	52	20		
TOTAL BEDS	232	165	153	165	145	87	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	143
Total Admissions 2007	297
Total Discharges 2007	295
Residents on 12/31/2007	145

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10815	0.0%	0	0.0%	23581	34396	58.9%	89.7%
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					18980	18980	72.2%	86.7%
TOTALS	10815	0.0%	0	0.0%	42561	53376	63.0%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	1	1	2
65 to 74	1	3	0	0	0	0	1	1	2	4	6
75 to 84	10	11	0	0	0	0	3	20	13	31	44
85+	12	53	0	0	0	0	7	19	19	72	91
TOTALS	24	69	0	0	0	0	11	41	35	110	145

FAIRVIEW BAPTIST HOME
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	0	0	2	54	3	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	51	1	52
TOTALS	34	0	0	2	105	4	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	149	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	52	144
Race Unknown	0	0	0	0	0
Total	93	0	0	52	145

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	93	0	0	52	145
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	52	145

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	8.00
Certified Aides	42.00
Other Health Staff	1.00
Non-Health Staff	77.00
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
41.2%	0.0%	0.0%	1.2%	57.7%	100.0%		0.0%
5,346,433	0	0	150,224	7,484,348	12,981,005	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID 6004766
Health Service Area 009 Planning Service Area 197

Administrator
Jerry Mertes

Contact Person and Telephone
Jerry Mertes
815-725-0443

Date Completed
5/5/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	78
Developmental Disability	3
Circulatory System	0
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	135	203	120	83	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	135	203	120	83	203	203

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	130
Total Admissions 2007	301
Total Discharges 2007	311
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6292	8.5%	33278	44.9%	3997	43567	58.8%	58.8%
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	6292	8.5%	33278	44.9%	3997	43567	58.8%	58.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	4	3	7
45 to 59	7	13	0	0	0	0	0	0	7	13	20
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	8	21	0	0	0	0	0	0	8	21	29
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	44	76	0	0	0	0	0	0	44	76	120

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID 6004766
Health Service Area 009 Planning Service Area 197

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	89	1	4	5	0	120
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
TOTALS	21	89	1	4	5	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	41.00
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
31.8%	62.6%	0.1%	1.4%	4.2%	100.0%		0.0%
1,840,121	3,616,187	2,923	80,785	240,638	5,780,654	0	

FACILITY NOTES

Name Change	10/15/2007	Name changed from "Glenwood Care Center".

Fairview Care Center of La Grange
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60525

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

Administrator
Lisa Ulbert

Contact Person and Telephone
Lisa Ulbert
708-354-7300

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	16
Blood Disorders	6
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	11
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	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	MEDICAID CERTIFIED
Nursing Care	131	131	81	0	81	50	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	81	0	81	50	131	131

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	88
Total Admissions 2007	73
Total Discharges 2007	80
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2472	5.2%	18126	37.9%	8967	29565	61.8%	61.8%
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	2472	5.2%	18126	37.9%	8967	29565	61.8%	61.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	6	1	7
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	5	35	0	0	0	0	0	0	5	35	40
TOTALS	24	57	0	0	0	0	0	0	24	57	81

Fairview Care Center of La Grange
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60525

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	61	1	0	12	0	81
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
TOTALS	7	61	1	0	12	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	38.00
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
21.5%	49.2%	1.0%	4.9%	23.5%	100.0%		0.0%
878,209	2,008,046	40,485	198,355	959,935	4,085,030	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/10/2008

Registered Agent Information
David A. Blunier
605 N Fourth St

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	63	63	63	63	58	5	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	58	5	15	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	51
Total Discharges 2007	52
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	955	17.4%	6655	32.0%	13572	21182	92.1%	92.1%
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%
TOTALS	955	17.4%	6655	32.0%	13572	21182	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	7	39	0	0	0	0	0	0	7	39	46
TOTALS	13	45	0	0	0	0	0	0	13	45	58

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIRVIEW HAVEN
605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID 6003040
Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	18	0	0	38	0	58
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
TOTALS	2	18	0	0	38	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.70
LPN's	8.00
Certified Aides	26.40
Other Health Staff	5.90
Non-Health Staff	33.10
Totals	78.10

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
4.5%	31.4%	0.0%	0.0%	64.1%	100.0%		8.5%
162,625	1,134,760	0	0	2,316,501	3,613,886	308,031	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099
Health Service Area 005 Planning Service Area 145

Administrator
Jennifer Mclanahan

Contact Person and Telephone
Jennifer Mclanahan
618-542-3441

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	76	76	61	76	55	21	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	61	76	55	21	0	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	64
Total Discharges 2007	68
Residents on 12/31/2007	55

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	684	0.0%	13603	49.0%	5453	19740	71.2%	71.2%
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%
TOTALS	684	0.0%	13603	49.0%	5453	19740	71.2%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	14	0	0	0	0	0	0	1	14	15
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	10	45	0	0	0	0	0	0	10	45	55

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099
Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	35	0	0	16	0	55
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
TOTALS	4	35	0	0	16	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	17.00
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
11.4%	59.9%	0.0%	0.0%	28.7%	100.0%		0.0%
209,021	1,101,508	0	0	528,475	1,839,004	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135
Health Service Area 001 Planning Service Area 201

Administrator
Mark Solomon

Contact Person and Telephone
Mark Solomon
815-397-5531

Date Completed
4/29/2008

Registered Agent Information
Eric Rothner
2201 W. Main St.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	11
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	154
Developmental Disability	0
Circulatory System	8
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	203

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	213	213	210	213	203	10	28	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	203	10	28	213

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	197
Total Admissions 2007	64
Total Discharges 2007	58
Residents on 12/31/2007	203

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1181	11.6%	69023	88.8%	1490	71694	92.2%	92.2%
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%
TOTALS	1181	11.6%	69023	88.8%	1490	71694	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	19	0	0	0	0	0	0	20	19	39
45 to 59	50	29	0	0	0	0	0	0	50	29	79
60 to 64	19	13	0	0	0	0	0	0	19	13	32
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	106	97	0	0	0	0	0	0	106	97	203

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	191	0	0	5	0	203
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
TOTALS	7	191	0	0	5	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	203	0	0	0	203

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

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	45.00
Other Health Staff	0.00
Non-Health Staff	67.00
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
7.7%	70.3%	1.9%	0.2%	20.0%	100.0%		0.0%
527,677	4,828,580	128,218	10,862	1,369,880	6,865,217	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6003107
Health Service Area 011 Planning Service Area 119

Administrator
Darlene M. Genteman

Contact Person and Telephone
Darlene Genterman
618-654-4600

Date Completed
5/21/2008

Registered Agent Information
None

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	16
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	69	69	64	5	0	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	14	14	7	7	0		
TOTAL BEDS	76	83	83	76	71	5	0	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	55
Total Discharges 2007	53
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2069	0.0%	8095	35.8%	11865	22029	87.5%	87.5%
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					2834	2834	110.9%	55.5%
TOTALS	2069	0.0%	8095	35.8%	14699	24863	89.6%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	12	0	0	0	0	0	3	7	15	22
85+	9	34	0	0	0	0	1	3	10	37	47
TOTALS	16	48	0	0	0	0	1	6	17	54	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6003107
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	18	0	0	39	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	7	18	0	0	46	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	185	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	7	71
Race Unknown	0	0	0	0	0
Total	64	0	0	7	71

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	7	71
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	7	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.70
LPN's	9.70
Certified Aides	25.50
Other Health Staff	24.40
Non-Health Staff	3.70
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
10.2%	26.1%	0.0%	0.0%	63.7%	100.0%		0.3%
354,351	907,565	0	0	2,212,407	3,474,323	10,324	

FACILITY NOTES

Bed change	3/16/2007	Added 7 nursing care bed and discontinued 7 sheltered care beds; facility now has 69 nursing care and 7 sheltered care beds.

FARMER CITY REHAB AND HEALTH CARE
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824
Health Service Area 004 Planning Service Area 039

Administrator
Mary Kay Hirshbrunner

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	1
Circulatory System	7
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	56	56	45	11	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	56	56	56	45	11	0	51

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	48
Total Admissions 2007	27
Total Discharges 2007	30
Residents on 12/31/2007	45

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	746	0.0%	8642	46.4%	7436	16824	82.3%	82.3%
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%
TOTALS	746	0.0%	8642	46.4%	7436	16824	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	0	9	0	0	0	0	0	0	0	9	9
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	11	34	0	0	0	0	0	0	11	34	45

FARMER CITY REHAB AND HEALTH CARE
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824
Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	24	0	0	17	0	45
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
TOTALS	4	24	0	0	17	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	15.00
Other Health Staff	2.00
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
17.7%	40.4%	0.0%	0.9%	40.9%	100.0%		0.0%
373,931	853,225	0	19,656	864,479	2,111,291	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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. Wilder

Contact Person and Telephone
Jennifer L. Wilder
309-245-2407

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	22
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	92	92	92	92	79	13	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	79	13	92	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	96
Total Discharges 2007	102
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4280	12.7%	14791	44.0%	12328	31399	93.5%	93.5%
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	4280	12.7%	14791	44.0%	12328	31399	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	25	54	0	0	0	0	0	0	25	54	79

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
FARMINGTON, IL. 61531

Reference Numbers Facility ID 6003115
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	41	0	0	26	0	79
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
TOTALS	12	41	0	0	26	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	25.00
Non-Health Staff	11.00
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
30.2%	27.1%	3.9%	1.8%	37.0%	100.0%		1.0%
1,457,608	1,306,425	189,532	87,331	1,783,642	4,824,540	47,984	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Fayette County Hospital & Long Term Care
650 W Taylor Street
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123
Health Service Area 005 Planning Service Area 051

Administrator
Gregory Starnes

Contact Person and Telephone
Marci Barth
618-283-5522

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	0
Circulatory System	32
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	85	85	78	85	65	20	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	78	85	65	20	85	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	410
Total Discharges 2007	408
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2028	6.5%	11567	52.8%	9965	23560	75.9%	75.9%
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	2028	6.5%	11567	52.8%	9965	23560	75.9%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	1	0	0	0	0	0	0	1	1	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+	10	31	0	0	0	0	0	0	10	31	41
TOTALS	17	48	0	0	0	0	0	0	17	48	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Fayette County Hospital & Long Term Care
650 W Taylor Street
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123
Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	34	0	0	27	0	65
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
TOTALS	4	34	0	0	27	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.80
LPN's	12.40
Certified Aides	55.13
Other Health Staff	4.35
Non-Health Staff	2.50
Totals	84.18

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FINNIE GOOD SHEPHERD NURSING
400 SOUTH MAINCROSS STREET
GALATIA, IL. 62935

Reference Numbers Facility ID 6003149
Health Service Area 005 Planning Service Area 059

Administrator
BARBARA A. FINNIE

Contact Person and Telephone
KEELY STEPHENS
618-268-4631

Date Completed
3/26/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	22
Mental Illness	10
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	48

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	60	73	48	25	0	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	60	73	48	25	0	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	68
Total Discharges 2007	79
Residents on 12/31/2007	48

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1127	0.0%	10523	39.5%	7499	19149	71.9%	71.9%
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	1127	0.0%	10523	39.5%	7499	19149	71.9%	71.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	3	27	0	0	0	0	0	0	3	27	30
TOTALS	6	42	0	0	0	0	0	0	6	42	48

FINNIE GOOD SHEPHERD NURSING
400 SOUTH MAINCROSS STREET
GALATIA, IL. 62935

Reference Numbers Facility ID 6003149
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	24	0	0	22	0	48
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
TOTALS	2	24	0	0	22	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
Non-Health Staff	24.00
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
23.3%	30.3%	0.0%	7.3%	39.1%	100.0%		0.0%
410,485	532,541	0	128,464	686,703	1,758,194	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Dave Eifert

Contact Person and Telephone
Lisa Murray
618-532-1833

Date Completed
3/24/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	93	98	89	9	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	89	9	51	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	348
Total Discharges 2007	343
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6491	34.9%	18433	51.5%	5657	30581	85.5%	85.5%
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	6491	34.9%	18433	51.5%	5657	30581	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	8	0	0	0	0	0	0	6	8	14
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	24	65	0	0	0	0	0	0	24	65	89

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	52	0	0	16	0	89
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
TOTALS	21	52	0	0	16	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	7.00
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
50.5%	34.3%	0.2%	0.0%	15.0%	100.0%		0.0%
2,313,193	1,572,603	9,599	0	685,939	4,581,334	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pat Howard
815-288-6691 Ext.223

Date Completed
4/20/2008

Registered Agent Information
Arlan McClain
`500 Anchor Road P. O Box 366

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	0	0	0	1	1
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

Reference Numbers Facility ID 6014450
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	212	202
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.25
Other Health Staff	0.00
Non-Health Staff	2.00
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%	12.8%	87.2%	0.0%	0.0%	100.0%		0.0%
0	37,788	256,753	0	0	294,541	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FLANAGAN REHABILITATION & HEALTH CARE
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
309-691-8113

Date Completed
5/2/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	43	43	39	43	31	12	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	32	24	13	24	11	21		
TOTAL BEDS	75	67	52	67	42	33	43	43

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	43
Total Discharges 2007	46
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2610	16.6%	6314	40.2%	3395	12319	78.5%	78.5%
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					3886	3886	33.3%	44.4%
TOTALS	2610	16.6%	6314	40.2%	7281	16205	59.2%	66.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	8	0	0	0	0	1	3	3	11	14
85+	2	14	0	0	0	0	3	4	5	18	23
TOTALS	6	25	0	0	0	0	4	7	10	32	42

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FLANAGAN REHABILITATION & HEALTH CARE
201 EAST FALCON HIGHWAY
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6000939
Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	14	0	0	9	0	32
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	9	14	0	0	19	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	77	63

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	10	42
Race Unknown	0	0	0	0	0
Total	32	0	0	10	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	10	42
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	10	42

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.90
LPN's	3.89
Certified Aides	15.09
Other Health Staff	0.00
Non-Health Staff	17.96
Totals	42.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.2%	37.1%	0.0%	0.0%	29.7%	100.0%		0.0%
784,800	876,140	0	0	701,737	2,362,677	0	

FACILITY NOTES

Name Change	11/19/2007	Name changed from "Beulah Land Christian Home".

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Reference Numbers Facility ID 6003172
Health Service Area 005 Planning Service Area 025

Administrator
Jane Owens

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	110	110	61	110	52	58	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	110	110	61	110	52	58	56	110

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	64
Total Discharges 2007	56
Residents on 12/31/2007	52

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2540	12.4%	13950	34.7%	2662	19152	47.7%	47.7%
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	2540	12.4%	13950	34.7%	2662	19152	47.7%	47.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	20	32	0	0	0	0	0	0	20	32	52

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Reference Numbers Facility ID 6003172
Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	42	0	0	5	0	52
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
TOTALS	5	42	0	0	5	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
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
33.3%	54.1%	0.0%	0.0%	12.6%	100.0%		0.0%
763,727	1,239,907	0	0	288,594	2,292,228	0	

FACILITY NOTES

Name Change	1/31/2007	Name changed from Flora Pavilion Nursing Center.

FLORA MANOR
501 EAST 12TH STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003164
Health Service Area 005 Planning Service Area 025

Administrator
Adedayo Adenekan

Contact Person and Telephone
Adedayo Adenekan
618-662-8494

Date Completed
4/30/2008

Registered Agent Information
JOHN KOHLMER, PRESIDENT
122 N. HOTZE ROAD, P. O. BOX 728
SALEM, IL 62881

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	41
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	43	43	43	43	41	2		59
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	43	43	43	43	41	2	0	59

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	43
Total Admissions 2007	1
Total Discharges 2007	3
Residents on 12/31/2007	41

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			15302	71.1%	0	15302	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	15302	71.1%	0	15302	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	10	9	0	0	10	9	19
60 to 64	0	0	0	0	4	2	0	0	4	2	6
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	23	18	0	0	23	18	41

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FLORA MANOR
501 EAST 12TH STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003164
Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		41	0	0	0	0	41
Sheltered Care			0	0	0	0	0
TOTALS	0	41	0	0	0	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	34	0	34
Race Unknown	0	0	0	0	0
Total	0	0	41	0	41

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	41	0	41
Ethnicity Unknown	0	0	0	0	0
Total	0	0	41	0	41

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	32.00
Other Health Staff	0.00
Non-Health Staff	20.00
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%	88.5%	11.5%	0.0%	0.0%	100.0%		0.0%
0	1,735,015	224,951	0	0	1,959,966	0	

FLORA REHABILITION & HEALTH CARE CENTER
232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003156
Health Service Area 005 Planning Service Area 025

Administrator
Nancy Gelsinger

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	97	99	84	15	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	97	99	84	15	32	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	89
Total Admissions 2007	124
Total Discharges 2007	129
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5423	46.4%	22562	62.4%	4764	32749	90.6%	90.6%
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%
TOTALS	5423	46.4%	22562	62.4%	4764	32749	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	5	3	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	0	9	0	0	0	0	0	0	0	9	9
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	20	64	0	0	0	0	0	0	20	64	84

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FLORA REHABILITION & HEALTH CARE CENTER
232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003156
Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	57	0	0	12	0	84
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
TOTALS	15	57	0	0	12	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	6.00
Non-Health Staff	18.00
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
39.4%	49.1%	0.0%	0.0%	11.5%	100.0%		0.0%
1,650,567	2,054,119	0	0	482,167	4,186,853	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Florence Nursing Home
546 East Grant Highway
Marengo, IL. 60152

Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator
David Abel

Contact Person and Telephone
Kathi Miller
815-568-8322

Registered Agent Information

Date Completed
5/7/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
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	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	52	52	33	52	25	27	28	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	52	52	33	52	25	27	28	4

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	30
Total Admissions 2007	29
Total Discharges 2007	34
Residents on 12/31/2007	25

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	11674	11674	61.5%	61.5%
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	0	0.0%	0	0.0%	11674	11674	61.5%	61.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	8	17	0	0	0	0	0	0	8	17	25

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Florence Nursing Home
546 East Grant Highway
Marengo, IL. 60152

Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	25	0	25
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
TOTALS	0	0	0	0	25	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

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	11.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,401,212	1,401,212	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	0	0	0	4	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	235	235
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	4	0	4
Total	0	0	4	0	4

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.08
LPN's	0.00
Certified Aides	4.02
Other Health Staff	0.18
Non-Health Staff	0.57
Totals	5.10

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%	89.3%	0.0%	0.0%	10.7%	100.0%		0.0%
0	305,795	0	0	36,761	342,557	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FONDULAC Rehabilitation &HEALTH CARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003198
Health Service Area 002 Planning Service Area 179

Administrator
Brent Morgan

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	21
Mental Illness	9
Developmental Disability	0
Circulatory System	5
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	98	87	98	80	18	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	87	98	80	18	98	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	79
Total Discharges 2007	82
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3063	8.6%	23128	64.7%	3547	29738	83.1%	83.1%
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%
TOTALS	3063	8.6%	23128	64.7%	3547	29738	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	12	0	0	0	0	0	0	7	12	19
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	22	58	0	0	0	0	0	0	22	58	80

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FONDULAC Rehabilitation &HEALTH CARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003198
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	59	0	0	12	0	80
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
TOTALS	9	59	0	0	12	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
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
33.5%	56.4%	0.0%	0.0%	10.1%	100.0%		0.0%
1,284,803	2,168,056	0	0	387,973	3,840,832	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOREST HILL HEALTH & REHAB
4747 11TH STREET
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002638
Health Service Area 010 Planning Service Area 161

Administrator
Karen Leighty

Contact Person and Telephone
Karen Leighty
309-796-0922

Date Completed
5/2/2008

Registered Agent Information
Eva Lerner
3553 W. Peterson Avenue #101

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	9
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	137	137	92	137	81	56	56	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	137	137	92	137	81	56	56	137

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	152
Total Discharges 2007	155
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1150	5.6%	27576	55.1%	3870	32596	65.2%	65.2%
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%
TOTALS	1150	5.6%	27576	55.1%	3870	32596	65.2%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	4	3	7
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	36	45	0	0	0	0	0	0	36	45	81

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FOREST HILL HEALTH & REHAB
4747 11TH STREET
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002638
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	71	0	0	7	0	81
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
TOTALS	3	71	0	0	7	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

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	27.00
Other Health Staff	7.00
Non-Health Staff	39.00
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
10.1%	74.5%	0.0%	0.0%	15.5%	100.0%		0.0%
353,701	2,617,942	0	0	543,316	3,514,959	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FOREST VILLA NURSING & REHAB
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003214
Health Service Area 007 Planning Service Area 702

Administrator
Administrator

Contact Person and Telephone
Mark Murphey
847-647-6400

Date Completed
5/22/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	31
Alzheimer Disease	52
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	17
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	172

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	212	212	180	212	172	40	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	212	180	212	172	40	212	212

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	165
Total Admissions 2007	476
Total Discharges 2007	469
Residents on 12/31/2007	172

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9929	12.8%	41166	53.2%	10147	61242	79.1%	79.1%
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%
TOTALS	9929	12.8%	41166	53.2%	10147	61242	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	5	6	11
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	17	36	0	0	0	0	0	0	17	36	53
85+	28	42	0	0	0	0	0	0	28	42	70
TOTALS	68	104	0	0	0	0	0	0	68	104	172

FOREST VILLA NURSING & REHAB
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003214
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	106	0	4	36	2	172
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
TOTALS	24	106	0	4	36	2	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	214
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	10.00
Certified Aides	56.00
Other Health Staff	28.00
Non-Health Staff	39.00
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
37.7%	45.4%	0.0%	0.0%	16.8%	100.0%		0.0%
4,432,423	5,338,822	0	0	1,978,339	11,749,584	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/6/2008

Registered Agent Information
David M. Jacobus
2576 N. Greenway Rd
Cerro Gordo, IL 61818

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2184	99.7%	6	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2184	99.7%	6	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	0	6	0	0	0	6	6

FORTY-FOURTH STREET PLACE
1479 SOUTH 44TH STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6013544
Health Service Area 004 Planning Service Area 115

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		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	172	172
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	3.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.25

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%	91.6%	0.4%	0.0%	8.0%	100.0%		0.0%
0	422,224	1,860	0	37,023	461,107	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6013973
Health Service Area 011 Planning Service Area 119

Administrator
Janet Gentry

Contact Person and Telephone
Diane Tebbe
618-465-0044

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	1	0	0	8	1	9
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	1	0	0	0	1	1
TOTALS	0	0	0	0	12	4	0	0	12	4	16

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6013973
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	246	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.40
Totals	12.93

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
0.0%	83.4%	16.5%	0.0%	0.1%	100.0%		0.0%
0	582,481	114,854	0	678	698,013	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOUNTAINS 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
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

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	10
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	97	97	77	97	62	35	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	77	97	62	35	97	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	653
Total Discharges 2007	676
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10768	30.4%	0	0.0%	14407	25175	71.1%	71.1%
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%
TOTALS	10768	30.4%	0	0.0%	14407	25175	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	20	42	0	0	0	0	0	0	20	42	62

FOUNTAINS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

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	2	35	0	62
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
TOTALS	25	0	0	2	35	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
Non-Health Staff	24.00
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
35.3%	0.0%	0.0%	1.1%	63.6%	100.0%		0.0%
2,482,554	0	0	77,319	4,482,331	7,042,204	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FOUNTAIN'S THE
1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID 6003230
Health Service Area 005 Planning Service Area 199

Administrator
LeeAnn Ward

Contact Person and Telephone
LeeAnn Ward
618-997-1365

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	20
Mental Illness	26
Developmental Disability	1
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	125	125	91	125	91	34	53	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	91	125	91	34	53	125

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	137
Total Discharges 2007	138
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4511	23.3%	22713	49.8%	5957	33181	72.7%	72.7%
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	4511	23.3%	22713	49.8%	5957	33181	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	10	15	0	0	0	0	0	0	10	15	25
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	29	62	0	0	0	0	0	0	29	62	91

FOUNTAIN'S THE
1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID 6003230
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	67	0	0	16	0	91
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
TOTALS	8	67	0	0	16	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	12.00
Certified Aides	25.00
Other Health Staff	2.00
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
34.6%	49.8%	0.0%	0.0%	15.6%	100.0%		0.0%
1,451,269	2,085,411	0	0	654,394	4,191,074	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID 6003248
Health Service Area 005 Planning Service Area 059

Administrator
Steven Johnson

Contact Person and Telephone
Lori Pritchard
618-273-3353

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	18
Mental Illness	15
Developmental Disability	2
Circulatory System	26
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	125	125	120	125	97	28	48	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	125	125	120	125	97	28	48	135

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	118
Total Admissions 2007	64
Total Discharges 2007	85
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3098	17.7%	24456	49.6%	11520	39074	85.6%	85.6%
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%
TOTALS	3098	17.7%	24456	49.6%	11520	39074	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	19	78	0	0	0	0	0	0	19	78	97

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID 6003248
Health Service Area 005 Planning Service Area 059

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	62	0	1	29	0	97
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
TOTALS	5	62	0	1	29	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	80
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	26.00
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
22.9%	51.4%	0.0%	0.0%	25.7%	100.0%		0.0%
908,881	2,038,484	0	0	1,019,574	3,966,939	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOUR FOUNTAINS CONVALESCENT CENTER
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255
Health Service Area 011 Planning Service Area 163

Administrator
Tara M. Hamilton

Contact Person and Telephone
Liz Smith
618-277-7700

Date Completed
5/4/2008

Registered Agent Information
L. Kevin Vick, Attorney at Law
33 Bronze Pointe, Suite 100

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	43
Mental Illness	6
Developmental Disability	0
Circulatory System	30
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	129	156	120	36	17	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	156	156	129	156	120	36	17	131

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	151
Total Discharges 2007	148
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2626	42.3%	27840	58.2%	13564	44030	77.3%	77.3%
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%
TOTALS	2626	42.3%	27840	58.2%	13564	44030	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	5	10	15
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	15	49	0	0	0	0	0	0	15	49	64
TOTALS	30	90	0	0	0	0	0	0	30	90	120

FOUR FOUNTAINS CONVALESCENT CENTER
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	73	0	1	36	0	120
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
TOTALS	10	73	0	1	36	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	7.00
Non-Health Staff	34.00
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
17.3%	46.3%	0.0%	1.9%	34.6%	100.0%		0.0%
965,711	2,588,040	0	108,260	1,933,212	5,595,223	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
John Perushek

Contact Person and Telephone
Leslie Wagenecht
815-772-5527

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	14
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	38	38	28	35	28	10	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	38	28	35	28	10	24	38

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	23
Total Admissions 2007	33
Total Discharges 2007	28
Residents on 12/31/2007	28

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	3122	22.5%	6998	10120	73.0%	73.0%
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	0	0.0%	3122	22.5%	6998	10120	73.0%	73.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	5	23	0	0	0	0	0	0	5	23	28

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FOUR SEASONS LIVING CENTER
303 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6006381
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	10	0	0	18	0	28
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
TOTALS	0	10	0	0	18	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	2.50
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	7.30
Totals	27.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	22.1%	0.0%	1.1%	76.7%	100.0%		0.0%
0	299,494	0	15,397	1,038,676	1,353,569	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FOX RIVER PAVILION
400 EAST NEW YORK
AURORA, IL. 60505

Reference Numbers Facility ID 6007223
Health Service Area 008 Planning Service Area 089

Administrator
Scott T. Braun

Contact Person and Telephone
Scott Braun
630-897-8714

Date Completed
4/29/2008

Registered Agent Information
Albert Milstein
36235 Treasury Center

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	74
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	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	121	121	106	121	98	23	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	121	106	121	98	23	121	121

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	59
Total Discharges 2007	58
Residents on 12/31/2007	98

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3075	7.0%	32798	74.3%	2365	38238	86.6%	86.6%
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%
TOTALS	3075	7.0%	32798	74.3%	2365	38238	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	14	7	21
45 to 59	27	16	0	0	0	0	0	0	27	16	43
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	60	38	0	0	0	0	0	0	60	38	98

FOX RIVER PAVILION
400 EAST NEW YORK
AURORA, IL. 60505

Reference Numbers Facility ID 6007223
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	7	90	0	0	1	0	98
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
TOTALS	7	90	0	0	1	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	3	0	0	0	3
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	3	0	0	0	3
White	64	0	0	0	64
Race Unknown	4	0	0	0	4
Total	98	0	0	0	98

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	4	0	0	0	4
Total	98	0	0	0	98

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	29.00
Other Health Staff	0.00
Non-Health Staff	52.00
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
18.4%	79.4%	0.0%	0.0%	2.2%	100.0%		0.0%
747,312	3,230,652	0	0	90,465	4,068,429	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413
Health Service Area 007 Planning Service Area 705

Administrator
Steve Drobot

Contact Person and Telephone
Dorothy Harris
630-243-3481

Date Completed
5/6/2008

Registered Agent Information
Robert E. Coon
1260 Franciscan Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	111

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	127	127	111	16	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	127	127	111	16	38	29

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	116
Total Admissions 2007	235
Total Discharges 2007	240
Residents on 12/31/2007	111

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9649	69.6%	10007	94.5%	22511	42167	91.0%	91.0%
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	9649	69.6%	10007	94.5%	22511	42167	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	18	0	0	0	0	0	0	4	18	22
85+	8	77	0	0	0	0	0	0	8	77	85
TOTALS	13	98	0	0	0	0	0	0	13	98	111

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	29	0	0	65	0	111
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
TOTALS	17	29	0	0	65	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	236
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

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	48.00
Other Health Staff	14.00
Non-Health Staff	103.00
Totals	196.00

NET REVENUE BY PAYOR 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%	6.8%	0.0%	0.1%	64.6%	100.0%		0.8%
4,662,447	1,107,078	0	18,862	10,582,435	16,370,822	124,348	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FRANKFORT CARE CENTER
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289
Health Service Area 005 Planning Service Area 055

Administrator
Sherry Johnson

Contact Person and Telephone
Sherry Johnson
618-932-3236

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	12
Developmental Disability	1
Circulatory System	5
Respiratory System	11
Digestive System	0
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	56	57	56	1	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	56	57	56	1	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	56
Total Admissions 2007	74
Total Discharges 2007	74
Residents on 12/31/2007	56

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4015	0.0%	11680	56.1%	4745	20440	98.2%	98.2%
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%
TOTALS	4015	0.0%	11680	56.1%	4745	20440	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	32	0	0	0	0	0	0	10	32	42
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	13	43	0	0	0	0	0	0	13	43	56

FRANKFORT CARE CENTER
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	32	0	0	13	0	56
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
TOTALS	11	32	0	0	13	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	180	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
48.7%	34.6%	0.6%	0.3%	15.9%	100.0%		0.0%
1,229,226	874,577	14,524	6,343	400,725	2,525,395	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Frankfort Terrace
40 North Smith Street
FRANKFORT, IL 60423, IL. 60423

Reference Numbers Facility ID 6003297
Health Service Area 009 Planning Service Area 197

Administrator

Contact Person and Telephone
JUDITH MAJCHROWICZ
815-469-3156

Date Completed
5/5/2008

Registered Agent Information
Avrum Weinfeld
6865 N. Linclon Avenue

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	61
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	118
Total Admissions 2007	61
Total Discharges 2007	62
Residents on 12/31/2007	117

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	40332	92.1%	922	41254	94.2%	94.2%
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%
TOTALS	0	0.0%	40332	92.1%	922	41254	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	22	11	0	0	0	0	0	0	22	11	33
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	16	13	0	0	0	0	0	0	16	13	29
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	65	52	0	0	0	0	0	0	65	52	117

Frankfort Terrace
40 North Smith Street
FRANKFORT, IL 60423, IL. 60423

Reference Numbers Facility ID 6003297
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	3	0	117
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
TOTALS	0	114	0	0	3	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	2	0	0	0	2
Total	117	0	0	0	117

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

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	25.00
Other Health Staff	7.00
Non-Health Staff	25.00
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
0.0%	97.1%	0.0%	0.0%	2.9%	100.0%		0.0%
0	3,963,242	0	0	116,557	4,079,799	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pat Howard

Contact Person and Telephone
Pat Howard
815-288-6691 Ext.223

Date Completed
4/20/2008

Registered Agent Information
Arlan Mc Clain
500 Anchor Road P.O. Box 366

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	0	5	0	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	6	0	0	0	6	0	6

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	189	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	2.00
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%	11.8%	88.2%	0.0%	0.0%	100.0%		0.0%
0	46,515	348,101	0	0	394,616	0	

FRANKLIN GROVE NURSING 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
5/1/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	8
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	28
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	17
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	121	121	113	121	101	20	28	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	113	121	101	20	28	121

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	82
Total Discharges 2007	82
Residents on 12/31/2007	101

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2779	27.2%	20540	46.5%	15167	38486	87.1%	87.1%
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%
TOTALS	2779	27.2%	20540	46.5%	15167	38486	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	17	0	0	0	0	0	0	4	17	21
85+	15	61	0	0	0	0	0	0	15	61	76
TOTALS	21	80	0	0	0	0	0	0	21	80	101

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRANKLIN GROVE NURSING CENTER
502 NORTH STATE ST., BOX 402
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6003305
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	56	0	0	36	0	101
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
TOTALS	9	56	0	0	36	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	43.00
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
17.8%	38.4%	0.0%	0.0%	43.8%	100.0%		0.0%
958,475	2,071,408	0	0	2,364,426	5,394,309	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FRANKLIN HOSPITAL NURSING CTR
1310 MARK FRANKLIN STREET
BENTON, IL. 62812

Reference Numbers Facility ID 6003313
Health Service Area 005 Planning Service Area 055

Administrator
Sandra McCoy

Contact Person and Telephone
Sandy McCoy
618-439-3500

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	83	83	81	83	77	6	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	81	83	77	6	64	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	178
Total Discharges 2007	172
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6092	26.1%	15056	63.5%	4812	25960	85.7%	85.7%
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	6092	26.1%	15056	63.5%	4812	25960	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	3	0	3
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	5	38	0	0	0	0	0	0	5	38	43
TOTALS	14	63	0	0	0	0	0	0	14	63	77

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRANKLIN HOSPITAL NURSING CTR
1310 MARK FRANKLIN STREET
BENTON, IL. 62812

Reference Numbers Facility ID 6003313
Health Service Area 005 Planning Service Area 055

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	49	0	0	15	0	77
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
TOTALS	13	49	0	0	15	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	36.00
Other Health Staff	1.00
Non-Health Staff	17.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321
Health Service Area 011 Planning Service Area 163

Administrator
John Huelskamp

Contact Person and Telephone
John Huelskamp
618-539-5856

Date Completed
4/28/2008

Registered Agent Information
Larry Rhutasel
4 Industrial Drive

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	38
Non-Medical Conditions	1
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	118	95	118	95	23	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	118	95	118	95	23	20	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	88
Total Admissions 2007	73
Total Discharges 2007	66
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2203	30.2%	13725	31.9%	17032	32960	76.5%	76.5%
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	2203	30.2%	13725	31.9%	17032	32960	76.5%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	2	9	11
75 to 84	13	29	0	0	0	0	0	0	13	29	42
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	21	74	0	0	0	0	0	0	21	74	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	58	0	95
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
TOTALS	4	33	0	0	58	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	1.00
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
18.6%	32.8%	0.0%	0.0%	48.6%	100.0%		0.0%
709,545	1,247,032	0	0	1,849,747	3,806,324	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637
Health Service Area 011 Planning Service Area 163

Administrator
Angela Hnatowich

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5746	98.4%	0	5746	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5746	98.4%	0	5746	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	8	0	0	8	8	16

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.00
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%	84.9%	0.0%	0.0%	15.1%	100.0%		0.0%
0	555,100	0	0	98,506	653,606	0	

FREEPORT MEMORIAL HOSPITAL/SNU
1045 WEST STEPHENSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6003347
Health Service Area 001 Planning Service Area 177

Administrator
Michael Perry

Contact Person and Telephone
Barbara Untersee
815-599-6111

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	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	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	43	26	19	18	16	27	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	26	19	18	16	27	43	43

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	9
Total Admissions 2007	383
Total Discharges 2007	376
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4639	29.6%	76	0.5%	454	5169	32.9%	54.5%
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	4639	29.6%	76	0.5%	454	5169	32.9%	54.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	1	2	0	0	0	0	0	0	1	2	3
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	6	10	0	0	0	0	0	0	6	10	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FREEPORT MEMORIAL HOSPITAL/SNU
1045 WEST STEPHENSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6003347
Health Service Area 001 Planning Service Area 177

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	1	0	2	0	1	16
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
TOTALS	12	1	0	2	0	1	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	364	322
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	0	0	0	0	0
Total	16	0	0	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	4.20
Certified Aides	6.30
Other Health Staff	0.00
Non-Health Staff	5.20
Totals	25.20

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Pat Thieben

Contact Person and Telephone
Pat Thieben
815-235-6196

Date Completed
6/2/2008

Registered Agent Information
Daniel Maher
926 S. 7th St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	9
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	1
Circulatory System	14
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	143	122	97	122	79	64	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	122	97	122	79	64	143	143

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	88
Total Discharges 2007	106
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3704	7.1%	19963	38.2%	8816	32483	62.2%	72.9%
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	3704	7.1%	19963	38.2%	8816	32483	62.2%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	6	0	0	0	0	0	0	2	6	8
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	2	44	0	0	0	0	0	0	2	44	46
TOTALS	10	69	0	0	0	0	0	0	10	69	79

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	50	0	2	18	0	79
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
TOTALS	9	50	0	2	18	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	5.00
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
29.6%	40.7%	0.0%	4.6%	25.0%	100.0%		0.0%
1,407,843	1,931,310	0	220,692	1,189,745	4,749,590	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Steve Bennett
(815)232-8713

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	7	3	10
45 to 59	0	0	0	0	2	1	0	0	2	1	3
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	1	0	0	0	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010854
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.67
Other Health Staff	0.57
Non-Health Staff	1.32
Totals	8.81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	81.2%	0.0%	0.0%	18.8%	100.0%		0.0%
0	580,230	0	0	134,446	714,676	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Friendship Care Center
1900 North Park Street
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362
Health Service Area 005 Planning Service Area 199

Administrator
Gayle Yates

Contact Person and Telephone
Gayle Yates
618-942-2525

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	17
Circulatory System	4
Respiratory System	4
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	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	MEDICAID CERTIFIED
Nursing Care	49	49	48	49	42	7	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	48	49	42	7	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	39
Total Discharges 2007	41
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1636	0.0%	9453	52.9%	4099	15188	84.9%	84.9%
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	1636	0.0%	9453	52.9%	4099	15188	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	11	31	0	0	0	0	0	0	11	31	42

Friendship Care Center
1900 North Park Street
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362
Health Service Area 005 Planning Service Area 199

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	0	1	8	0	42
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
TOTALS	5	28	0	1	8	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	10.00
Non-Health Staff	8.00
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
29.1%	48.0%	0.0%	0.0%	22.8%	100.0%		0.0%
471,375	777,436	0	0	369,255	1,618,066	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979
Health Service Area 003 Planning Service Area 117

Administrator
Barbara Randolph

Contact Person and Telephone
Barbara Randolph
217-854-9606

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	48	40	48	37	12	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	48	40	48	37	12	47	47

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	37
Total Admissions 2007	70
Total Discharges 2007	70
Residents on 12/31/2007	37

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2517	14.7%	5132	29.9%	5264	12913	72.2%	73.7%
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	2517	14.7%	5132	29.9%	5264	12913	72.2%	73.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	13	24	0	0	0	0	0	0	13	24	37

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	15	0	0	15	0	37
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
TOTALS	7	15	0	0	15	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	12.00
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
51.4%	20.7%	0.2%	0.1%	27.6%	100.0%		0.0%
1,085,295	437,469	5,189	1,103	582,074	2,111,130	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FRIENDSHIP HOUSE OF CENTRALIA
1000 MARTIN LUTHER KING DRIVE
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6003370
Health Service Area 005 Planning Service Area 121

Administrator
Molly Spence-Hawk

Contact Person and Telephone
Molly Spence-Hawk
618-532-3642

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	94	94	74	94	62	32	19	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	74	94	62	32	19	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	68
Total Admissions 2007	152
Total Discharges 2007	158
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3047	43.9%	15232	44.4%	2711	20990	61.2%	61.2%
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%
TOTALS	3047	43.9%	15232	44.4%	2711	20990	61.2%	61.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	23	39	0	0	0	0	0	0	23	39	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRIENDSHIP HOUSE OF CENTRALIA
1000 MARTIN LUTHER KING DRIVE
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6003370
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	45	1	0	9	0	62
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
TOTALS	7	45	1	0	9	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	26.00
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
39.7%	48.7%	1.2%	0.8%	9.6%	100.0%		0.0%
1,125,384	1,382,407	33,148	21,719	273,460	2,836,118	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Gretchen Carruthers
309-794-4162

Date Completed
5/2/2008

Registered Agent Information
Patrick J Flynn
1617 2nd Avenue, Suite 300, PO Box 5408

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	14
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	71	2	73	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	34	34	34	34	20	14		
TOTAL BEDS	107	107	107	107	91	16	73	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	215
Total Discharges 2007	218
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3828	14.4%	5095	22.5%	16171	25094	94.2%	94.2%
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					2642	2642	21.3%	21.3%
TOTALS	3828	14.4%	5095	22.5%	18813	27736	71.0%	71.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	0	0	0	0	0	1	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	5	9	0	0	0	0	0	3	5	12	17
85+	10	44	0	0	0	0	5	11	15	55	70
TOTALS	16	55	0	0	0	0	6	14	22	69	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRIENDSHIP MANOR
1209 21ST AVENUE
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6003388
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	13	0	0	46	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	12	13	0	0	66	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	191	153

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	15	58
Race Unknown	26	0	0	5	31
Total	71	0	0	20	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	69	0	0	20	89
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	20	91

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	15.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	3.00
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
32.0%	15.0%	0.0%	8.0%	45.0%	100.0%		0.0%
1,203,623	563,842	0	302,854	1,695,273	3,765,592	0	

FACILITY NOTES

Bed Change	2/15/2007	Added 10 nursing care beds; bed totals now 73 nursing care and 34 sheltered care beds.

FRIENDSHIP MANOR HEALTH CENTER
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
Becky Meadows
618-327-3041

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	15
Mental Illness	6
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	10
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	230	230	107	230	106	124	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	107	230	106	124	31	230

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	98
Total Admissions 2007	116
Total Discharges 2007	108
Residents on 12/31/2007	106

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4364	38.6%	21847	26.0%	11123	37334	44.5%	44.5%
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	4364	38.6%	21847	26.0%	11123	37334	44.5%	44.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	12	27	0	0	0	0	0	0	12	27	39
85+	14	38	0	0	0	0	0	0	14	38	52
TOTALS	30	76	0	0	0	0	0	0	30	76	106

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

FRIENDSHIP MANOR HEALTH CENTER
485 SOUTH FRIENDSHIP DRIVE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6015895
Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	65	0	0	34	0	106
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
TOTALS	7	65	0	0	34	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	8.00
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
40.3%	36.1%	0.0%	0.0%	23.6%	100.0%		0.0%
2,137,697	1,917,117	0	0	1,253,983	5,308,797	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/18/2008

Registered Agent Information
James Stout
324 West Main

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	9
Developmental Disability	1
Circulatory System	15
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	60	60	55	60	49	11	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	55	60	49	11	44	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	44
Total Discharges 2007	45
Residents on 12/31/2007	49

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3205	20.0%	10796	49.3%	4022	18023	82.3%	82.3%
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%
TOTALS	3205	20.0%	10796	49.3%	4022	18023	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	12	37	0	0	0	0	0	0	12	37	49

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	26	0	0	11	0	49
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
TOTALS	12	26	0	0	11	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.50
Other Health Staff	0.00
Non-Health Staff	13.75
Totals	43.75

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
41.3%	40.6%	0.0%	0.0%	18.1%	100.0%		0.0%
944,343	928,150	0	0	413,898	2,286,392	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

FRIENDSHIP VILLAGE SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

Administrator
Lynn Blakemore

Contact Person and Telephone
Tiffany Barton
847-755-2025

Date Completed
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	56
Respiratory System	34
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	22
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	250	248	236	248	220	30	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	236	248	220	30	250	190

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	228
Total Admissions 2007	493
Total Discharges 2007	501
Residents on 12/31/2007	220

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11211	12.3%	23672	34.1%	46400	81283	89.1%	89.8%
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	11211	12.3%	23672	34.1%	46400	81283	89.1%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	14	49	0	0	0	0	0	0	14	49	63
85+	24	124	0	0	0	0	0	0	24	124	148
TOTALS	40	180	0	0	0	0	0	0	40	180	220

FRIENDSHIP VILLAGE SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	60	0	0	127	0	220
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
TOTALS	33	60	0	0	127	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	259
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	219	0	0	0	219
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.70
LPN's	9.70
Certified Aides	88.00
Other Health Staff	17.00
Non-Health Staff	25.00
Totals	172.40

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
30.6%	12.4%	0.0%	0.0%	57.0%	100.0%		1.2%
5,618,154	2,272,566	0	0	10,478,958	18,369,678	216,228	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/25/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5132	87.9%	49	5181	88.7%	88.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5132	87.9%	49	5181	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	8	8	0	0	8	8	16

FROELICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010193
Health Service Area 002 Planning Service Area 095

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.13
Certified Aides	6.00
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	9.13

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
0.0%	85.8%	0.0%	0.0%	14.2%	100.0%		0.0%
0	571,937	0	0	95,000	666,937	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GAINES MILL PLAZA
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010235
Health Service Area 003 Planning Service Area 167

Administrator
Pam Kadow

Contact Person and Telephone
Pam Kadow
217-553-9042

Date Completed
5/14/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	365	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	4	0	0	3	4	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GAINES MILL PLAZA
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010235
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.10
Certified Aides	7.00
Other Health Staff	0.70
Non-Health Staff	1.50
Totals	9.55

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	80.5%	0.0%	0.0%	19.5%	100.0%		0.0%
0	523,742	0	0	126,467	650,209	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GALENA-STAUSS HOSPITAL
215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID 6003438
Health Service Area 001 Planning Service Area 085

Administrator
Kurt J Hill

Contact Person and Telephone
Melissa Conley
815-776-7265

Date Completed
4/14/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	57	57	57	57	56	1	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	56	1	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	27
Total Discharges 2007	26
Residents on 12/31/2007	56

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	5768	27.7%	14544	20312	97.6%	97.6%
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%
TOTALS	0	0.0%	5768	27.7%	14544	20312	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	8	0	0	0	0	0	0	2	8	10
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	10	46	0	0	0	0	0	0	10	46	56

GALENA-STAUSS HOSPITAL
215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID 6003438
Health Service Area 001 Planning Service Area 085

RESIDENTS 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	43	0	56
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
TOTALS	0	13	0	0	43	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	1.00
Non-Health Staff	9.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785
Health Service Area 002 Planning Service Area 095

Administrator
Jeff Howd

Contact Person and Telephone
Jeff Howd
309-345-4309

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	34	34	34	34	26	8	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	34	34	26	8	34	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	22
Total Admissions 2007	734
Total Discharges 2007	730
Residents on 12/31/2007	26

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8603	69.3%	0	0.0%	220	8823	71.1%	71.1%
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%
TOTALS	8603	69.3%	0	0.0%	220	8823	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	9	17	0	0	0	0	0	0	9	17	26

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785
Health Service Area 002 Planning Service Area 095

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	0	0	1	0	0	26
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
TOTALS	25	0	0	1	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	405	369
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	26	0	0	0	26
Total	26	0	0	0	26

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.40
LPN's	3.60
Certified Aides	8.80
Other Health Staff	10.40
Non-Health Staff	7.50
Totals	48.70

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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434
Health Service Area 002 Planning Service Area 095

Administrator
Teresa Sangster

Contact Person and Telephone
Teresa Sangster
309 342-2103

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	8
Respiratory System	10
Digestive System	10
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	108	108	66	108	66	42	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	66	108	66	42	28	108

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	52
Total Discharges 2007	52
Residents on 12/31/2007	66

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1189	11.6%	18939	48.0%	1589	21717	55.1%	55.1%
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%
TOTALS	1189	11.6%	18939	48.0%	1589	21717	55.1%	55.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	2	7	9
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	14	10	0	0	0	0	0	0	14	10	24
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	31	35	0	0	0	0	0	0	31	35	66

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	54	0	0	4	0	66
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
TOTALS	8	54	0	0	4	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	2	0	0	0	2
Total	66	0	0	0	66

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	1	0	0	0	1
Total	66	0	0	0	66

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	16.00
Certified Aides	29.00
Other Health Staff	1.00
Non-Health Staff	38.00
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
17.4%	68.3%	0.0%	0.0%	14.3%	100.0%		0.0%
562,606	2,212,747	0	0	462,660	3,238,013	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Lynn Kincinas

Contact Person and Telephone
Jerry D. Hiner
708-636-0054 ext 34

Date Completed
4/29/2008

Registered Agent Information
Gerard Beagles
8333 S. Austin Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	100.0%	0	5475	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	100.0%	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	6	9	0	0	6	9	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GARDEN CENTER SERVICES
8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Reference Numbers Facility ID 6012561
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		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	141	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
Non-Health Staff	1.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	716,257	0	0	0	716,257	0	

GATEWAY REGIONAL MED CTR SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908
Health Service Area 011 Planning Service Area 119

Administrator
Marilyn Hines

Contact Person and Telephone
Janet Smith
618-798-3623

Date Completed
5/1/2008

Registered Agent Information
Corporation Service Company
2711 Centerville Road
Willmington, DE 19808

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

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	0
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	19	19	19	19	13	6	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	19	19	19	13	6	19	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	367
Total Discharges 2007	367
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3930	56.7%	0	0.0%	117	4047	58.4%	58.4%
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%
TOTALS	3930	56.7%	0	0.0%	117	4047	58.4%	58.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	3	0	0	0	0	0	0	1	3	4
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	8	0	0	0	0	0	0	5	8	13

GATEWAY REGIONAL MED CTR SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908
Health Service Area 011 Planning Service Area 119

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	0	0	13
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
TOTALS	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1128	1128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	3.60
LPN's	3.70
Certified Aides	3.10
Other Health Staff	4.00
Non-Health Staff	0.50
Totals	17.10

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Gaylord Tull House
1911 18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6010334
Health Service Area 004 Planning Service Area 029

Administrator
Joshua Rieman

Contact Person and Telephone
Joshua Rieman
217-345-3552

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5685	97.3%	0	5685	97.3%	97.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5685	97.3%	0	5685	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	7	2	9
60 to 64	0	0	0	0	1	2	0	0	1	2	3
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	8	8	0	0	8	8	16

Gaylord Tull House
1911 18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6010334
Health Service Area 004 Planning Service Area 029

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		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	135	135
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	12.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	15.08

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%	89.4%	10.6%	0.0%	0.0%	100.0%		0.0%
0	646,450	76,656	0	0	723,106	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GENESEO GOOD SAMARITAN VILLAGE
704 SOUTH ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID 6003495
Health Service Area 010 Planning Service Area 073

Administrator
Scott Fisher

Contact Person and Telephone
Judy Douglass
309-944-6424

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	72	72	72	0	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	72	72	0	72	72

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	41
Total Discharges 2007	41
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1235	4.7%	9474	36.1%	14203	24912	94.8%	94.8%
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	1235	4.7%	9474	36.1%	14203	24912	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	0	5	12	17
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	15	57	0	0	0	0	0	0	15	57	72

GENESEO GOOD SAMARITAN VILLAGE
704 SOUTH ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID 6003495
Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	27	0	0	40	0	72
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
TOTALS	5	27	0	0	40	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	2.00
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
12.2%	25.8%	0.0%	0.0%	62.0%	100.0%		0.0%
448,247	950,737	0	0	2,282,564	3,681,548	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GENESIS HOUSE
350 SYCAMORE ROAD
GENOA, IL. 60135

Reference Numbers Facility ID 6010383
Health Service Area 001 Planning Service Area 037

Administrator
Randolph Cooper

Contact Person and Telephone
Desiree Henderson Sawyer
815-784-3712 x 26

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	60
Total Admissions 2007	0
Total Discharges 2007	60
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GENESIS HOUSE
350 SYCAMORE ROAD
GENOA, IL. 60135

Reference Numbers Facility ID 6010383
Health Service Area 001 Planning Service Area 037

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		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	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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
0.0%	82.3%	17.7%	0.0%	0.0%	100.0%		0.0%
0	2,463,872	529,802	0	0	2,993,674	0	

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
Roger Brannan

Contact Person and Telephone
Roger Brannan
309-792-7606

Date Completed
4/29/2008

Registered Agent Information
Chuck Bruhn
Illini Hospital, 801 Hospital Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	68	7	20	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	45	45	44	45	41	4		
TOTAL BEDS	120	120	119	120	109	11	20	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	475
Total Discharges 2007	478
Residents on 12/31/2007	109

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6075	83.2%	7524	27.5%	11764	25363	92.7%	92.7%
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					15469	15469	94.2%	94.2%
TOTALS	6075	83.2%	7524	27.5%	27233	40832	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	3	0	0	0	0	1	3	4	6	10
85+	8	51	0	0	0	0	4	33	12	84	96
TOTALS	11	57	0	0	0	0	5	36	16	93	109

GHS, dba, ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS, IL. 61282

Reference Numbers Facility ID 6013023
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	16	0	0	34	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	41	0	41
TOTALS	18	16	0	0	75	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	155	135

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	41	109
Race Unknown	0	0	0	0	0
Total	68	0	0	41	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	41	109
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	41	109

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	4.00
Non-Health Staff	9.00
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%	10.5%	0.0%	2.1%	51.8%	100.0%		0.0%
3,033,249	892,855	0	174,350	4,398,684	8,499,138	600	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GIBSON COMMUNITY HOSP ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003552
Health Service Area 004 Planning Service Area 053

Administrator
R. Duane Cooper

Contact Person and Telephone
Jana Turner
217-784-2562

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	26	26	26	26	24	2	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	26	26	26	26	24	2	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	26
Total Admissions 2007	14
Total Discharges 2007	16
Residents on 12/31/2007	24

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	1219	0.0%	8018	9237	97.3%	97.3%
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%
TOTALS	0	0.0%	1219	0.0%	8018	9237	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	6	18	0	0	0	0	0	0	6	18	24

GIBSON COMMUNITY HOSP ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003552
Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	3	0	0	21	0	24
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
TOTALS	0	3	0	0	21	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	14.0%	0.0%	86.0%	0.0%	100.0%		0.0%
0	164,958	0	1,013,314	0	1,178,272	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
R. Duane Cooper

Contact Person and Telephone
Jana Turner
217-784-2562

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

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	4
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	16	16	16	16	11	5	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	16	16	16	11	5	5	16

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	29
Total Discharges 2007	34
Residents on 12/31/2007	11

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	531	29.1%	813	13.9%	3330	4674	80.0%	80.0%
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	531	29.1%	813	13.9%	3330	4674	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	0	11	0	0	0	0	0	0	0	11	11

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GIBSON COMMUNITY HOSPITAL
1120 N MELVIN ST
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 9053001
Health Service Area 004 Planning Service Area 053

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	3	0	0	6	0	11
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
TOTALS	2	3	0	0	6	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	6.00
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
12.0%	17.0%	0.0%	0.0%	71.0%	100.0%		0.0%
10,090	14,295	0	0	59,701	84,086	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GILMAN NURSING PAVILION
1390 S. CRESCENT ST. BOX 307
GILMAN, IL. 60938

Reference Numbers Facility ID 6003578
Health Service Area 004 Planning Service Area 075

Administrator
Judith Pree LNHA

Contact Person and Telephone
Judy Pree
815-265-7208

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	14
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	61

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	84	72	84	61	38	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	84	72	84	61	38	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	77
Total Discharges 2007	88
Residents on 12/31/2007	61

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2973	8.2%	14035	38.8%	5986	22994	63.6%	75.0%
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	2973	8.2%	14035	38.8%	5986	22994	63.6%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	5	0	5
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	6	16	0	0	0	0	0	0	6	16	22
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	20	41	0	0	0	0	0	0	20	41	61

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GILMAN NURSING PAVILION
1390 S. CRESCENT ST. BOX 307
GILMAN, IL. 60938

Reference Numbers Facility ID 6003578
Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	38	0	0	12	0	61
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
TOTALS	11	38	0	0	12	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	0.00
Non-Health Staff	25.00
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
27.4%	45.1%	0.0%	0.0%	27.5%	100.0%		0.0%
903,792	1,490,517	0	0	908,713	3,303,022	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GLEN BRIDGE NURSING CENTER
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191
Health Service Area 007 Planning Service Area 702

Administrator
Sue Bohne

Contact Person and Telephone
Sue Bohne
847-966-9190 ext. 102

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Endocrine/Metabolic	85
Blood Disorders	10
*Nervous System Non Alzheimer	10
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	4
Circulatory System	85
Respiratory System	10
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	257

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	302	302	270	302	257	45	94	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	302	270	302	257	45	94	302

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	263
Total Admissions 2007	810
Total Discharges 2007	816
Residents on 12/31/2007	257

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9386	27.4%	79017	71.7%	5311	93714	85.0%	85.0%
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	9386	27.4%	79017	71.7%	5311	93714	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	15	0	0	0	0	0	0	16	15	31
45 to 59	28	14	0	0	0	0	0	0	28	14	42
60 to 64	5	15	0	0	0	0	0	0	5	15	20
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	23	48	0	0	0	0	0	0	23	48	71
85+	30	40	0	0	0	0	0	0	30	40	70
TOTALS	112	145	0	0	0	0	0	0	112	145	257

GLEN BRIDGE NURSING CENTER
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	220	0	6	9	0	257
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
TOTALS	22	220	0	6	9	0	257

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	44	0	0	0	44
Amer. Indian	2	0	0	0	2
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	192	0	0	0	192
Race Unknown	11	0	0	0	11
Total	257	0	0	0	257

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	243	0	0	0	243
Ethnicity Unknown	11	0	0	0	11
Total	257	0	0	0	257

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	7.00
Certified Aides	74.00
Other Health Staff	22.00
Non-Health Staff	42.00
Totals	172.00

NET REVENUE BY PAYOR 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%	70.3%	0.1%	2.2%	3.7%	100.0%		1.2%
3,630,969	10,731,365	12,275	335,520	561,270	15,271,399	178,400	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information
John S Rendleman
2001 W Main St PO Box 1570

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5619	96.2%	0	5619	96.2%	96.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5619	96.2%	0	5619	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	0	0	0	1	0	1
65 to 74	0	0	0	0	3	3	0	0	3	3	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	127	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	7.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	8.60

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%	84.4%	15.2%	0.0%	0.5%	100.0%		0.0%
0	502,084	90,216	0	2,825	595,125	0	

GLEN LAKE TERRACE NSG & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6006647
Health Service Area 008 Planning Service Area 097

Administrator
Mary Claussen

Contact Person and Telephone
Mary Claussen
847-249-2400

Date Completed
7/18/2008

Registered Agent Information
Abe Stern
10 S. Wacker Drive, Suite 4000
Chicago, IL 60606

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	8
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	52
Mental Illness	82
Developmental Disability	2
Circulatory System	15
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	6
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	207

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	271	260	213	260	207	64	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	271	260	213	260	207	64	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	194
Total Admissions 2007	454
Total Discharges 2007	441
Residents on 12/31/2007	207

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7307	0.0%	64925	0.0%	2102	74334	75.1%	78.3%
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%
TOTALS	7307	0.0%	64925	0.0%	2102	74334	75.1%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	0	0	0	0	0	0	14	11	25
45 to 59	34	14	0	0	0	0	0	0	34	14	48
60 to 64	23	27	0	0	0	0	0	0	23	27	50
65 to 74	27	29	0	0	0	0	0	0	27	29	56
75 to 84	13	3	0	0	0	0	0	0	13	3	16
85+	8	4	0	0	0	0	0	0	8	4	12
TOTALS	119	88	0	0	0	0	0	0	119	88	207

GLEN LAKE TERRACE NSG & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6006647
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	185	0	1	6	0	207
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
TOTALS	15	185	0	1	6	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	91	0	0	0	91
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	12	0	0	0	12
Total	207	0	0	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	195	0	0	0	195
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	12.00
Certified Aides	76.00
Other Health Staff	34.00
Non-Health Staff	84.00
Totals	235.00

NET REVENUE BY PAYOR 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%	0.7%	2.8%	100.0%		0.2%
2,878,625	7,625,413	0	80,987	308,762	10,893,787	19,200	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GLEN OAKS NURSING & REHAB
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
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	54
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	9
Mental Illness	143
Developmental Disability	0
Circulatory System	34
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	288

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	298	294	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	294	298	288	10	150	298

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	290
Total Admissions 2007	254
Total Discharges 2007	256
Residents on 12/31/2007	288

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6950	12.7%	94529	86.9%	5032	106511	97.9%	97.9%
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	6950	12.7%	94529	86.9%	5032	106511	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	0	0	0	0	0	0	10	11	21
45 to 59	58	47	0	0	0	0	0	0	58	47	105
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	19	13	0	0	0	0	0	0	19	13	32
75 to 84	57	40	0	0	0	0	0	0	57	40	97
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	161	127	0	0	0	0	0	0	161	127	288

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GLEN OAKS NURSING & REHAB
270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003586
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	251	3	1	12	0	288
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
TOTALS	21	251	3	1	12	0	288

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	23	0	0	0	23
Amer. Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pac. Isl.	0	0	0	0	0
White	221	0	0	0	221
Race Unknown	0	0	0	0	0
Total	288	0	0	0	288

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	282	0	0	0	282
Ethnicity Unknown	0	0	0	0	0
Total	288	0	0	0	288

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	1.00
Certified Aides	58.00
Other Health Staff	20.00
Non-Health Staff	46.00
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
12.2%	82.5%	1.7%	0.1%	3.5%	100.0%		0.3%
1,790,794	12,086,935	246,179	13,300	515,858	14,653,066	39,800	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GLENCREST HEALTHCARE
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6003594
Health Service Area 006 Planning Service Area 601

Administrator
Chaim Dubovick

Contact Person and Telephone
Chaim M. Dubovick
773-338-6800

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	35
Blood Disorders	5
*Nervous System Non Alzheimer	23
Alzheimer Disease	26
Mental Illness	16
Developmental Disability	0
Circulatory System	29
Respiratory System	32
Digestive System	13
Genitourinary System Disorders	17
Skin Disorders	10
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	253

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	312	312	275	312	253	59	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	312	275	312	253	59	240	312

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	270
Total Admissions 2007	719
Total Discharges 2007	736
Residents on 12/31/2007	253

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9243	10.6%	82580	72.5%	3439	95262	83.7%	83.7%
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	9243	10.6%	82580	72.5%	3439	95262	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	14	8	22
45 to 59	44	33	0	0	0	0	0	0	44	33	77
60 to 64	12	13	0	0	0	0	0	0	12	13	25
65 to 74	45	25	0	0	0	0	0	0	45	25	70
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	137	116	0	0	0	0	0	0	137	116	253

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GLENCREST HEALTHCARE
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6003594
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	215	2	1	4	0	253
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
TOTALS	31	215	2	1	4	0	253

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	1	0	0	0	1
Black	64	0	0	0	64
Hawaiian/Pac. Isl.	0	0	0	0	0
White	180	0	0	0	180
Race Unknown	0	0	0	0	0
Total	253	0	0	0	253

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	224	0	0	0	224
Ethnicity Unknown	0	0	0	0	0
Total	253	0	0	0	253

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	11.00
Certified Aides	54.00
Other Health Staff	14.00
Non-Health Staff	56.00
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
21.1%	75.0%	0.6%	0.7%	2.5%	100.0%		2.1%
3,193,026	11,360,565	94,813	104,618	385,542	15,138,564	318,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Dave Zaruba

Contact Person and Telephone
Dave Zaruba
708-747-6120

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Endocrine/Metabolic	37
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	8
Mental Illness	38
Developmental Disability	0
Circulatory System	63
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	15
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	225

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	294	294	245	294	225	69	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	245	294	225	69	127	294

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	197
Total Admissions 2007	363
Total Discharges 2007	335
Residents on 12/31/2007	225

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7453	16.1%	67522	62.9%	3118	78093	72.8%	72.8%
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	7453	16.1%	67522	62.9%	3118	78093	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	15	4	19
45 to 59	57	28	0	0	0	0	0	0	57	28	85
60 to 64	14	12	0	0	0	0	0	0	14	12	26
65 to 74	19	15	0	0	0	0	0	0	19	15	34
75 to 84	18	21	0	0	0	0	0	0	18	21	39
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	128	97	0	0	0	0	0	0	128	97	225

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	199	0	4	4	0	225
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
TOTALS	18	199	0	4	4	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	129	0	0	0	129
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	1	0	0	0	1
Total	225	0	0	0	225

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	1	0	0	0	1
Total	225	0	0	0	225

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.40
LPN's	20.85
Certified Aides	52.90
Other Health Staff	11.55
Non-Health Staff	51.83
Totals	156.53

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
23.2%	71.5%	0.4%	3.0%	1.9%	100.0%		0.0%
2,969,180	9,139,248	52,596	384,321	239,443	12,784,788	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610
Health Service Area 007 Planning Service Area 702

Administrator
Ian Crook

Contact Person and Telephone
Ian Crook
847-729-9090

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
GENERAL PARTNERSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	66
Mental Illness	24
Developmental Disability	0
Circulatory System	34
Respiratory System	45
Digestive System	24
Genitourinary System Disorders	12
Skin Disorders	23
Musculo-skeletal Disorders	20
Injuries and Poisonings	19
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	292

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	314	309	301	309	292	22	295	295
Skilled Under 22	0	0	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	301	309	292	22	295	295

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	290
Total Admissions 2007	1987
Total Discharges 2007	1985
Residents on 12/31/2007	292

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	22644	21.0%	52812	49.0%	29650	105106	91.7%	93.2%
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%
TOTALS	22644	21.0%	52812	49.0%	29650	105106	91.7%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	5	0	0	0	0	0	0	8	5	13
65 to 74	16	41	0	0	0	0	0	0	16	41	57
75 to 84	23	69	0	0	0	0	0	0	23	69	92
85+	25	98	0	0	0	0	0	0	25	98	123
TOTALS	74	218	0	0	0	0	0	0	74	218	292

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	65	140	0	15	72	0	292
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
TOTALS	65	140	0	15	72	0	292

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	12	0	0	0	12
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	1	0	0	0	1
White	269	0	0	0	269
Race Unknown	6	0	0	0	6
Total	292	0	0	0	292

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	286	0	0	0	286
Ethnicity Unknown	0	0	0	0	0
Total	292	0	0	0	292

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	17.00
Certified Aides	117.00
Other Health Staff	54.00
Non-Health Staff	112.00
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
37.2%	32.5%	0.0%	7.7%	22.6%	100.0%		0.0%
7,619,786	6,646,745	0	1,574,964	4,631,563	20,473,058	0	

FACILITY NOTES

Bed Change	3/16/2007	Added 1 nursing care bed; facility now has 314 nursing care beds.

Glenwood Healthcare & Rehab.
19330 South Cottage Grove
GLENWOOD, IL. 60425

Reference Numbers Facility ID 6003628
Health Service Area 007 Planning Service Area 705

Administrator
Carolyn Sanders

Contact Person and Telephone
Carolyn Sanders
708-758-6200

Date Completed
4/30/2008

Registered Agent Information
Judy Sherwin
111 E. Wacker Suite 2800

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	28
Alzheimer Disease	18
Mental Illness	7
Developmental Disability	0
Circulatory System	44
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	141

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	184	184	166	184	141	43	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	184	166	184	141	43	184	184

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	160
Total Admissions 2007	530
Total Discharges 2007	549
Residents on 12/31/2007	141

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3793	5.6%	46957	69.9%	2785	53535	79.7%	79.7%
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	3793	5.6%	46957	69.9%	2785	53535	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	9	8	17
45 to 59	19	11	0	0	0	0	0	0	19	11	30
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	14	6	0	0	0	0	0	0	14	6	20
75 to 84	18	15	0	0	0	0	0	0	18	15	33
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	71	70	0	0	0	0	0	0	71	70	141

Glenwood Healthcare & Rehab.
19330 South Cottage Grove
GLENWOOD, IL. 60425

Reference Numbers Facility ID 6003628
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	11	120	4	0	6	0	141
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
TOTALS	11	120	4	0	6	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	76	0	0	0	76
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	24.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	48.00
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
19.8%	71.1%	4.9%	0.1%	4.1%	100.0%		0.0%
1,387,379	4,985,703	344,407	8,545	289,613	7,015,647	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
815-673-1182

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5199	89.0%	0	5199	89.0%	89.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5199	89.0%	0	5199	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GLENWOOD HOUSE
300 WEST TWELFTH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6013031
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.00
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%	84.3%	15.7%	0.0%	0.0%	100.0%		0.0%
0	471,261	87,596	0	0	558,857	0	

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010474
Health Service Area 003 Planning Service Area 167

Administrator
Pam Kadow

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5654	96.8%	0	5654	96.8%	96.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5654	96.8%	0	5654	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	2	0	0	0	2	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010474
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.10
Certified Aides	7.80
Other Health Staff	0.75
Non-Health Staff	1.50
Totals	10.40

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%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	520,013	0	0	93,761	613,774	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	5

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2117	96.7%	0	2117	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2117	96.7%	0	2117	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	3	2	0	0	3	2	5

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858
Health Service Area 001 Planning Service Area 201

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		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	182
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	4	0	4
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

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
0.0%	92.2%	0.0%	0.0%	7.8%	100.0%		0.0%
0	373,187	0	0	31,383	404,570	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	42	42	42	42	39	3	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	39	3	0	42

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	39
Total Admissions 2007	27
Total Discharges 2007	27
Residents on 12/31/2007	39

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	107	0.0%	5805	37.9%	8205	14117	92.1%	92.1%
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%
TOTALS	107	0.0%	5805	37.9%	8205	14117	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	8	31	0	0	0	0	0	0	8	31	39

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOLDEN GOOD SHEPHERD HOME
101 PRAIRIE MILLS ROAD
GOLDEN, IL. 62339

Reference Numbers Facility ID 6003636
Health Service Area 003 Planning Service Area 001

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	1	18	0	39
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
TOTALS	2	18	0	1	18	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	2.00
Non-Health Staff	16.00
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
0.5%	28.5%	0.0%	0.0%	71.0%	100.0%		0.0%
7,665	449,603	0	0	1,117,719	1,574,989	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GOLDEN MOMENTS SENIOR CARE CTR, LTD.
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6008650
Health Service Area 003 Planning Service Area 137

Administrator
CHRIS ROBB

Contact Person and Telephone

Registered Agent Information

Date Completed
6/4/2008

Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	6
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	113	113	68	113	59	54	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	68	113	59	54	23	113

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	14
Total Discharges 2007	4
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1456	17.3%	17735	43.0%	1482	20673	50.1%	50.1%
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%
TOTALS	1456	17.3%	17735	43.0%	1482	20673	50.1%	50.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	5	6	11
60 to 64	1	10	0	0	0	0	0	0	1	10	11
65 to 74	10	1	0	0	0	0	0	0	10	1	11
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	26	33	0	0	0	0	0	0	26	33	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOLDEN MOMENTS SENIOR CARE CTR, LTD.
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6008650
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	5	49	0	0	5	0	59
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
TOTALS	5	49	0	0	5	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	5.00
Non-Health Staff	36.00
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
25.6%	66.0%	1.3%	0.0%	7.1%	100.0%		0.0%
551,327	1,420,807	27,495	0	152,485	2,152,114	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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/NHA

Contact Person and Telephone
Anthony R. Miner, NHA
847-827-6628

Date Completed
4/19/2008

Registered Agent Information
David Fischer c/o Wildman, Harrold, Allen
225 W. Wacker

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	134
Total Admissions 2007	7
Total Discharges 2007	8
Residents on 12/31/2007	133

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			48039	97.5%	0	48039	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	48039	97.5%	0	48039	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	28	15	0	0	28	15	43
45 to 59	0	0	0	0	28	19	0	0	28	19	47
60 to 64	0	0	0	0	17	3	0	0	17	3	20
65 to 74	0	0	0	0	10	5	0	0	10	5	15
75 to 84	0	0	0	0	3	4	0	0	3	4	7
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	87	46	0	0	87	46	133

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOLFVIEW DEVELOPMENTAL CENTER
9555 WEST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6015135
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	1	0	1
Black	0	0	29	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	102	0	102
Race Unknown	0	0	0	0	0
Total	0	0	133	0	133

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	127	0	127
Ethnicity Unknown	0	0	0	0	0
Total	0	0	133	0	133

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	4.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	45.00
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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	7,518,922	0	0	0	7,518,922	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GOOD SAMARITAN HOME of FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677
Health Service Area 004 Planning Service Area 105

Administrator
Richard A. Curtis

Contact Person and Telephone
Richard A. Curtis
815-796-2288

Date Completed
5/9/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	52	8	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	60	60	52	8	0	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	71
Total Discharges 2007	71
Residents on 12/31/2007	52

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1618	0.0%	8938	40.8%	10049	20605	94.1%	94.1%
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%
TOTALS	1618	0.0%	8938	40.8%	10049	20605	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	11	0	0	0	0	0	0	5	11	16
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	13	39	0	0	0	0	0	0	13	39	52

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOOD SAMARITAN HOME of FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677
Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	23	0	0	25	0	52
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
TOTALS	4	23	0	0	25	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.80
LPN's	5.08
Certified Aides	25.36
Other Health Staff	3.16
Non-Health Staff	35.09
Totals	74.49

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.1%	27.9%	0.0%	1.2%	50.8%	100.0%		0.0%
622,565	863,383	0	36,352	1,569,577	3,091,877	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GOOD SAMARITAN HOME OF QUINCY
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
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	43
Alzheimer Disease	40
Mental Illness	1
Developmental Disability	0
Circulatory System	46
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	38
Injuries and Poisonings	2
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	239

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	174	178	170	8	17	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	97	97	72	97	69	28		
TOTAL BEDS	275	275	246	275	239	36	17	178

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	231
Total Admissions 2007	154
Total Discharges 2007	146
Residents on 12/31/2007	239

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5221	84.1%	20752	31.9%	35116	61089	94.0%	94.0%
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					24501	24501	69.2%	69.2%
TOTALS	5221	84.1%	20752	31.9%	59617	85590	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	1	2	4	8	12
75 to 84	7	32	0	0	0	0	2	13	9	45	54
85+	16	105	0	0	0	0	10	41	26	146	172
TOTALS	27	143	0	0	0	0	13	56	40	199	239

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOOD SAMARITAN HOME OF QUINCY
2130 HARRISON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6003685
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	56	0	0	101	0	170
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	69	0	69
TOTALS	13	56	0	0	170	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	69	236
Race Unknown	0	0	0	0	0
Total	170	0	0	69	239

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	170	0	0	69	239
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	69	239

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.70
LPN's	40.90
Certified Aides	95.20
Other Health Staff	18.50
Non-Health Staff	117.20
Totals	282.50

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
17.2%	17.1%	0.0%	0.0%	65.7%	100.0%		0.0%
1,757,516	1,754,170	0	0	6,721,783	10,233,469	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GOOD SAMARITAN KNOXVILLE
407 NORTH HEBARD STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6003693
Health Service Area 002 Planning Service Area 095

Administrator

Contact Person and Telephone
Linda Cook
309-289-2614

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
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	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	3
Mental Illness	7
Developmental Disability	0
Circulatory System	6
Respiratory System	0
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	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	MEDICAID CERTIFIED
Nursing Care	30	30	18	30	18	12	0	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	30	30	18	30	18	12	0	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	18
Total Admissions 2007	6
Total Discharges 2007	6
Residents on 12/31/2007	18

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	5924	54.1%	477	6401	58.5%	58.5%
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	0	0.0%	5924	54.1%	477	6401	58.5%	58.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	3	15	0	0	0	0	0	0	3	15	18

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOOD SAMARITAN KNOXVILLE
407 NORTH HEBARD STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6003693
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	16	0	0	2	0	18
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
TOTALS	0	16	0	0	2	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	2.00
Non-Health Staff	8.00
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%	91.6%	8.4%	0.0%	0.0%	100.0%		0.0%
0	558,804	51,204	0	0	610,008	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jennifer Dunk

Contact Person and Telephone
Jennifer Dunk
815-244-7715

Date Completed
4/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	72	72	71	1	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	72	71	1	72	72

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	82
Total Discharges 2007	74
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1647	6.3%	13280	50.5%	9282	24209	92.1%	92.1%
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%
TOTALS	1647	6.3%	13280	50.5%	9282	24209	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	12	36	0	0	0	0	0	0	12	36	48
TOTALS	19	52	0	0	0	0	0	0	19	52	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	39	0	0	24	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
TOTALS	8	39	0	0	24	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.12
LPN's	2.34
Certified Aides	23.56
Other Health Staff	4.10
Non-Health Staff	22.47
Totals	61.59

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
14.5%	38.8%	0.0%	1.5%	45.2%	100.0%		0.0%
469,474	1,257,003	0	48,526	1,465,098	3,240,101	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Steve Bennett
(815) 493-2036

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5515	94.4%	0	5515	94.4%	94.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5515	94.4%	0	5515	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK, IL. 61046

Reference Numbers Facility ID 6012942
Health Service Area 001 Planning Service Area 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.83
Other Health Staff	0.66
Non-Health Staff	1.81
Totals	9.55

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	16.2%	0.0%	0.0%	83.8%	100.0%		0.0%
0	113,023	0	0	585,157	698,180	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Kenneth Fishbain

Contact Person and Telephone
Ellyn Chin
708-450-4908

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	44	34	31	34	17	27	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	44	34	31	34	17	27	34	34

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	21
Total Admissions 2007	732
Total Discharges 2007	736
Residents on 12/31/2007	17

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7733	62.3%	604	4.9%	1704	10041	62.5%	80.9%
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	7733	62.3%	604	4.9%	1704	10041	62.5%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	3	14	0	0	0	0	0	0	3	14	17

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID 6003727
Health Service Area 007 Planning Service Area 704

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	1	0	0	17
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
TOTALS	16	0	0	1	0	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	678	613
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	17	0	0	0	17

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	15	0	0	0	15
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.30
LPN's	3.00
Certified Aides	11.00
Other Health Staff	1.50
Non-Health Staff	4.00
Totals	35.80

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6060524
Health Service Area 002 Planning Service Area 057

Administrator
Phyllis Hinderliter

Contact Person and Telephone
Phyllis Hinderliter
309-647-5240

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	54	54	52	54	44	10	32	13
Skilled Under 22	0	0	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	44	10	32	13

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	41
Total Admissions 2007	494
Total Discharges 2007	491
Residents on 12/31/2007	44

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7056	60.4%	3517	74.1%	4938	15511	78.7%	78.7%
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	7056	60.4%	3517	74.1%	4938	15511	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	11	33	0	0	0	0	0	0	11	33	44

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6060524
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	8	0	5	13	0	44
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
TOTALS	18	8	0	5	13	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	22.60
Other Health Staff	2.00
Non-Health Staff	7.60
Totals	53.20

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
20.0%	20.0%	20.0%	20.0%	20.0%	100.0%		0.0%
1	1	1	1	1	5	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GRANGE NURSING HOME
901 NORTH TENTH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6003768
Health Service Area 011 Planning Service Area 163

Administrator
Lynn Haas

Contact Person and Telephone
Dolores McCullough
618-566-2183

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	55	55	47	55	42	13	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	55	47	55	42	13	55	55

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	38
Total Admissions 2007	50
Total Discharges 2007	46
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2058	10.3%	7956	39.6%	4336	14350	71.5%	71.5%
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	2058	10.3%	7956	39.6%	4336	14350	71.5%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	9	16	0	0	0	0	0	0	9	16	25
TOTALS	15	27	0	0	0	0	0	0	15	27	42

GRANGE NURSING HOME
901 NORTH TENTH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6003768
Health Service Area 011 Planning Service Area 163

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	21	0	15	0	0	42
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
TOTALS	6	21	0	15	0	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	102	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
47.3%	30.8%	0.0%	0.0%	22.0%	100.0%		0.0%
843,809	549,651	0	0	391,897	1,785,358	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GRANITE NSG & REHAB CENTER LLC
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6001986
Health Service Area 011 Planning Service Area 119

Administrator
Deborah Williams

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
5/5/2008

Registered Agent Information
Illinois Corp Service Company
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	86	86	43	43	43	43	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	43	43	43	43	0	86

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	78
Total Admissions 2007	70
Total Discharges 2007	105
Residents on 12/31/2007	43

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2078	0.0%	14495	46.2%	6907	23480	74.8%	74.8%
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	2078	0.0%	14495	46.2%	6907	23480	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	10	33	0	0	0	0	0	0	10	33	43

GRANITE NSG & REHAB CENTER LLC
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6001986
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	5	25	2	1	10	0	43
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
TOTALS	5	25	2	1	10	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	1	0	0	0	1
Total	43	0	0	0	43

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	14.00
Other Health Staff	7.00
Non-Health Staff	10.00
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
41.8%	36.6%	0.4%	0.0%	21.1%	100.0%		0.0%
1,521,461	1,332,202	15,602	0	769,212	3,638,477	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776
Health Service Area 006 Planning Service Area 601

Administrator
Celeste Jensen

Contact Person and Telephone
Celeste Jensen
773-334-6601

Date Completed
6/1/2008

Registered Agent Information
David Aronin
2201 W. Main St.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	212
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	212

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	216	216	216	212	4	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	216	216	212	4	0	216

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	208
Total Admissions 2007	117
Total Discharges 2007	113
Residents on 12/31/2007	212

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	74373	94.3%	335	74708	94.8%	94.8%
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	0	0.0%	74373	94.3%	335	74708	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	45	35	0	0	0	0	0	0	45	35	80
45 to 59	78	30	0	0	0	0	0	0	78	30	108
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	135	77	0	0	0	0	0	0	135	77	212

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	212	0	0	0	0	212
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
TOTALS	0	212	0	0	0	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	96	0	0	0	96
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	212	0	0	0	212

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	212	0	0	0	212

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	35.00
Other Health Staff	16.00
Non-Health Staff	39.00
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%	99.4%	0.0%	0.0%	0.6%	100.0%		0.0%
0	7,193,171	0	0	44,338	7,237,509	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GRAVLIN SQUARE
482 SOUTH SCHUYLER STREET
BRADLEY, IL. 60915

Reference Numbers Facility ID 6010185
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	75.0%	0	4380	75.0%	75.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	0	3	3
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	5	7	0	0	5	7	12

GRAVLIN SQUARE
482 SOUTH SCHUYLER STREET
BRADLEY, IL. 60915

Reference Numbers Facility ID 6010185
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	6.77
Other Health Staff	0.01
Non-Health Staff	1.78
Totals	8.98

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
0.0%	89.3%	0.0%	0.0%	10.7%	100.0%		0.0%
0	614,714	0	0	73,485	688,200	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GREEK AMERICAN REHABILITATION & CARE CE
220 NORTH FIRST 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
5/5/2008

Registered Agent Information
Peter G. Karahalios
23 Polo Dr.
South Barrington, IL 60010

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	32
Mental Illness	4
Developmental Disability	1
Circulatory System	56
Respiratory System	22
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	204	204	204	204	163	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	204	204	204	204	163	41	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	170
Total Admissions 2007	403
Total Discharges 2007	410
Residents on 12/31/2007	163

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7332	0.0%	40597	0.0%	15324	63253	84.9%	84.9%
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	7332	0.0%	40597	0.0%	15324	63253	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
65 to 74	12	13	0	0	0	0	0	0	12	13	25
75 to 84	26	20	0	0	0	0	0	0	26	20	46
85+	35	50	0	0	0	0	0	0	35	50	85
TOTALS	76	87	0	0	0	0	0	0	76	87	163

GREEK AMERICAN REHABILITATION & CARE CE
220 NORTH FIRST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID 6015499
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	104	0	1	34	0	163
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
TOTALS	24	104	0	1	34	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	285
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	163	0	0	0	163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

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	54.00
Other Health Staff	1.00
Non-Health Staff	59.00
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
26.0%	51.6%	0.0%	0.2%	22.2%	100.0%		0.0%
2,590,767	5,153,311	0	19,185	2,218,696	9,981,959	0	

FACILITY NOTES

Name Change	2/1/2007	Name changed from Greek American Rehab and Nursing.

GREENBRIER LODGE
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792
Health Service Area 004 Planning Service Area 053

Administrator
LeAnn Thomas

Contact Person and Telephone
LeAnn Thomas
815-686-2277

Date Completed
5/27/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	7
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	51	9	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	60	51	9	60	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	56
Total Admissions 2007	34
Total Discharges 2007	39
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1839	8.4%	11229	51.3%	6311	19379	88.5%	88.5%
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	1839	8.4%	11229	51.3%	6311	19379	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	14	37	0	0	0	0	0	0	14	37	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GREENBRIER LODGE
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792
Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	27	1	0	16	0	51
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
TOTALS	7	27	1	0	16	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
26.6%	43.5%	0.0%	0.0%	29.9%	100.0%		0.0%
680,077	1,110,686	0	0	762,921	2,553,684	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6000202
Health Service Area 007 Planning Service Area 702

Administrator

Contact Person and Telephone
DELVIN K. RYCHENER
847-328-6503

Date Completed
5/1/2008

Registered Agent Information
Eric Rothner
2201 Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	138
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	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	MEDICAID CERTIFIED
Nursing Care	145	145	143	145	138	7	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	143	145	138	7	0	145

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	137
Total Admissions 2007	46
Total Discharges 2007	45
Residents on 12/31/2007	138

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	47437	89.6%	805	48242	91.2%	91.2%
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%
TOTALS	0	0.0%	47437	89.6%	805	48242	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	34	22	0	0	0	0	0	0	34	22	56
45 to 59	35	24	0	0	0	0	0	0	35	24	59
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	1	10	0	0	0	0	0	0	1	10	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
TOTALS	77	61	0	0	0	0	0	0	77	61	138

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6000202
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	137	0	0	1	0	138
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
TOTALS	0	137	0	0	1	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	104	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	20.00
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%	73.3%	0.0%	0.0%	26.7%	100.0%		0.0%
0	3,455,013	0	0	1,260,454	4,715,467	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
ABRAHAM STERN
10 SOUTH WACKER DR., 40TH FLOOR

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	9
*Nervous System Non Alzheimer	0
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	91	8	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	91	8	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	60
Total Discharges 2007	60
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5178	14.3%	22203	61.4%	6008	33389	92.4%	92.4%
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%
TOTALS	5178	14.3%	22203	61.4%	6008	33389	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	4	25	0	0	0	0	0	0	4	25	29
85+	15	42	0	0	0	0	0	0	15	42	57
TOTALS	22	69	0	0	0	0	0	0	22	69	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Grosse Pointe Manor
6601 West Touhy Avenue
Niles, IL. 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	59	8	0	10	0	91
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
TOTALS	14	59	8	0	10	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	43	0	0	0	43
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

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	2.00
Non-Health Staff	28.00
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
41.2%	49.5%	0.0%	0.0%	9.4%	100.0%		0.0%
2,651,439	3,183,845	0	0	603,037	6,438,321	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5714	97.8%	80	5794	99.2%	99.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5714	97.8%	80	5794	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GROUP HOME 1
212 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012918
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5460	93.5%	378	5838	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5460	93.5%	378	5838	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	3	1	0	0	3	1	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	8	8	0	0	8	8	16

GROUP HOME 2
224 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012900
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	117	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	0.00
Non-Health Staff	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5503	94.2%	337	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5503	94.2%	337	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	2	6	8
45 to 59	0	0	0	0	3	2	0	0	3	2	5
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	8	8	0	0	8	8	16

GROUP HOME 3
302 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013221
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	114	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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. 802

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5501	94.2%	161	5662	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5501	94.2%	161	5662	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	6	2	0	0	6	2	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	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

GROUP HOME 4
314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013239
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	124	124
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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. 805

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5618	96.2%	173	5791	99.2%	99.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5618	96.2%	173	5791	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	4	4	8
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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	8	8	0	0	8	8	16

GROUP HOME 5
308 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013254
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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. 805

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5459	93.5%	282	5741	98.3%	98.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5459	93.5%	282	5741	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

GROUP HOME 6
320 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013262
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	69.8%	13.2%	0.0%	17.0%	100.0%		0.0%
0	725,186	136,739	0	176,512	1,038,437	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

H & J Vonderlieth Living Ctr
1120 North Topper Drive
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917
Health Service Area 003 Planning Service Area 107

Administrator
Cindy Russell

Contact Person and Telephone
Cindy Russell
217-792-3218

Date Completed
4/3/2008

Registered Agent Information
Richard Edwards
530 N Scott
Mt. Pulaski, IL 62548

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
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	1
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	80	90	65	25	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	80	90	65	25	0	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	55
Total Discharges 2007	64
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2732	0.0%	8047	24.5%	14007	24786	75.5%	75.5%
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	2732	0.0%	8047	24.5%	14007	24786	75.5%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	13	0	0	0	0	0	0	7	13	20
85+	15	26	0	0	0	0	0	0	15	26	41
TOTALS	22	43	0	0	0	0	0	0	22	43	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

H & J Vonderlieth Living Ctr
1120 North Topper Drive
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	25	0	0	33	0	65
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
TOTALS	7	25	0	0	33	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	65	0	0	0	65
Total	65	0	0	0	65

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	24.00
Other Health Staff	2.00
Non-Health Staff	23.00
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
25.3%	21.7%	0.0%	0.0%	53.0%	100.0%		0.0%
868,102	743,303	0	0	1,817,081	3,428,487	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

H.O.M.E. #1
#3 GUNDLACH PLACE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6012769
Health Service Area 011 Planning Service Area 163

Administrator
Charles Keigley

Contact Person and Telephone
Judy K. Young
618-277-7730

Date Completed
4/14/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	8	8	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	0	8	8	0	0	0	0	8

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8
Total Admissions 2007	0
Total Discharges 2007	8
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

H.O.M.E. #1
#3 GUNDLACH PLACE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6012769
Health Service Area 011 Planning Service Area 163

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		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	0	0
Skilled Under 22	0	0
Intermediate DD	0	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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
0.0%	79.1%	0.0%	0.0%	20.9%	100.0%		0.0%
0	143,643	0	0	37,903	181,546	0	

FACILITY NOTES

07-081	7/31/2007	Facility discontinued.
07-081	7/24/2007	Received permit to discontinue 8 bed ICF/DD facility.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	2
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5037	86.3%	365	5402	92.5%	92.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5037	86.3%	365	5402	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	1	7	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	120
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.55
LPN's	0.00
Certified Aides	5.58
Other Health Staff	0.60
Non-Health Staff	1.54
Totals	8.52

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%	84.6%	0.0%	0.0%	15.4%	100.0%		0.0%
0	553,830	0	0	100,502	654,333	0	

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID 6003933
Health Service Area 002 Planning Service Area 179

Administrator
Lynn Brady

Contact Person and Telephone
Lynn Brady
309-347-3121

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	71	70	70	66	56	15	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	70	70	66	56	15	71	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	64
Total Admissions 2007	187
Total Discharges 2007	195
Residents on 12/31/2007	56

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4636	17.9%	4785	18.5%	12994	22415	86.5%	87.7%
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	4636	17.9%	4785	18.5%	12994	22415	86.5%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	13	43	0	0	0	0	0	0	13	43	56

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID 6003933
Health Service Area 002 Planning Service Area 179

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	12	0	0	33	0	56
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
TOTALS	11	12	0	0	33	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	162
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	38.00
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
22.0%	10.3%	0.0%	0.0%	67.7%	100.0%		0.0%
889,420	417,143	0	0	2,732,677	4,039,241	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAMILTON MEMORIAL NURSING CTR
611 SOUTH MARSHALL AVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974
Health Service Area 005 Planning Service Area 059

Administrator
Patricia Wellen

Contact Person and Telephone
Patricia Wellen
618-643-2325

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	1
Circulatory System	27
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	56	4	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	60	60	56	4	0	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	18
Total Discharges 2007	19
Residents on 12/31/2007	56

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12389	56.6%	8587	20976	95.8%	95.8%
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	0	0.0%	12389	56.6%	8587	20976	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	9	0	0	0	0	0	0	3	9	12
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	11	45	0	0	0	0	0	0	11	45	56

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAMILTON MEMORIAL NURSING CTR
611 SOUTH MARSHALL AVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974
Health Service Area 005 Planning Service Area 059

RESIDENTS 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	0	1	17	0	56
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
TOTALS	0	38	0	1	17	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.00
Certified Aides	21.00
Other Health Staff	2.00
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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982
Health Service Area 001 Planning Service Area 195

Administrator
Myra Chattic

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5819	99.6%	0	5819	99.6%	99.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5819	99.6%	0	5819	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982
Health Service Area 001 Planning Service Area 195

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		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	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.31
LPN's	0.00
Certified Aides	6.46
Other Health Staff	0.63
Non-Health Staff	1.74
Totals	9.39

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	590,468	0	0	104,371	694,840	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID 6003990
Health Service Area 006 Planning Service Area 603

Administrator
Paulette Stallworth

Contact Person and Telephone
Angela Moore
773-994-0833

Date Completed
5/30/2008

Registered Agent Information
Adrienne Golembiewski
725 S. Wells, Ste. 1-A

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	0	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	0	15	0	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5208	95.1%	0	5208	95.1%	95.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5208	95.1%	0	5208	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	9	0	0	0	9	9
45 to 59	0	0	0	0	0	5	0	0	0	5	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	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	15	0	0	0	15	15

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID 6003990
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
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%	86.8%	13.2%	0.0%	0.0%	100.0%		0.0%
0	566,824	86,343	0	23	653,190	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAMMOND-HENRY 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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	11
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	57	57	47	57	43	14	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	57	57	47	57	43	14	25	4

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	41
Total Admissions 2007	248
Total Discharges 2007	246
Residents on 12/31/2007	43

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1553	17.0%	1095	75.0%	10911	13559	65.2%	65.2%
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%
TOTALS	1553	17.0%	1095	75.0%	10911	13559	65.2%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	3	0	0	0	0	0	0	6	3	9
85+	9	21	0	0	0	0	0	0	9	21	30
TOTALS	16	27	0	0	0	0	0	0	16	27	43

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAMMOND-HENRY HOSPITAL
600 NORTH COLLEGE AVENUE
GENESEO, IL. 61254

Reference Numbers Facility ID 6004006
Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	3	0	0	33	0	43
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
TOTALS	7	3	0	0	33	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.80
Registered Nurses	5.53
LPN's	4.18
Certified Aides	15.39
Other Health Staff	3.60
Non-Health Staff	4.00
Totals	34.50

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%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAMPTON PLAZA NURSING
9777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID 6003644
Health Service Area 007 Planning Service Area 702

Administrator
Jamie Dlatt

Contact Person and Telephone
Jamie Dlatt
847-967-7000

Date Completed
3/25/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	50
Blood Disorders	8
*Nervous System Non Alzheimer	9
Alzheimer Disease	15
Mental Illness	40
Developmental Disability	10
Circulatory System	21
Respiratory System	23
Digestive System	15
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	268

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	304	302	268	0	268	36	152	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	302	268	0	268	36	152	304

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	249
Total Admissions 2007	175
Total Discharges 2007	156
Residents on 12/31/2007	268

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7053	12.7%	88865	80.1%	1902	97820	88.2%	88.7%
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	7053	12.7%	88865	80.1%	1902	97820	88.2%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	9	7	16
45 to 59	31	18	0	0	0	0	0	0	31	18	49
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	20	24	0	0	0	0	0	0	20	24	44
75 to 84	21	49	0	0	0	0	0	0	21	49	70
85+	20	55	0	0	0	0	0	0	20	55	75
TOTALS	110	158	0	0	0	0	0	0	110	158	268

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAMPTON PLAZA NURSING
9777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID 6003644
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	243	0	0	5	0	268
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
TOTALS	20	243	0	0	5	0	268

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	92	0	0	0	92
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	1	0	0	0	1
Total	268	0	0	0	268

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	264	0	0	0	264
Ethnicity Unknown	1	0	0	0	1
Total	268	0	0	0	268

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	7.00
Certified Aides	72.00
Other Health Staff	13.00
Non-Health Staff	81.00
Totals	213.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.8%	77.5%	0.0%	1.0%	1.7%	100.0%		0.0%
2,894,994	11,352,401	0	148,279	251,523	14,647,197	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HANCOCK COUNTY NURSING HOME
BOX 160 SOUTH ADAMS STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6004022
Health Service Area 003 Planning Service Area 067

Administrator
Ada Bair

Contact Person and Telephone
Ada Bair
217-357-6566

Date Completed
4/28/2008

Registered Agent Information
Franklin Hartzell
608 Wabash

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	9
Developmental Disability	0
Circulatory System	15
Respiratory System	3
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	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	MEDICAID CERTIFIED
Nursing Care	57	55	52	53	47	10	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	55	52	53	47	10	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	28
Total Discharges 2007	31
Residents on 12/31/2007	47

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	10928	52.5%	6731	17659	84.9%	88.0%
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	0	0.0%	10928	52.5%	6731	17659	84.9%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	9	0	0	0	0	0	0	2	9	11
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	13	34	0	0	0	0	0	0	13	34	47

HANCOCK COUNTY NURSING HOME
BOX 160 SOUTH ADAMS STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6004022
Health Service Area 003 Planning Service Area 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	28	0	0	19	0	47
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
TOTALS	0	28	0	0	19	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	5.70
Certified Aides	18.70
Other Health Staff	0.00
Non-Health Staff	2.50
Totals	31.70

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%	48.6%	0.0%	0.0%	51.4%	100.0%		0.0%
0	899,198	0	0	950,063	1,849,261	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048
Health Service Area 001 Planning Service Area 195

Administrator
Robert J. Gale

Contact Person and Telephone

815-589-3411

Date Completed
5/5/2008

Registered Agent Information
Robert J. Gale
16063 Ridgewood Dr.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	6
Alzheimer Disease	9
Mental Illness	22
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	74	68	74	65	19	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	74	68	74	65	19	0	84

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	65
Total Admissions 2007	35
Total Discharges 2007	35
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14691	47.9%	8985	23676	77.2%	87.7%
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	0	0.0%	14691	47.9%	8985	23676	77.2%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	10	28	0	0	0	0	0	0	10	28	38
TOTALS	22	43	0	0	0	0	0	0	22	43	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	38	0	0	27	0	65
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
TOTALS	0	38	0	0	27	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.11
LPN's	3.69
Certified Aides	27.63
Other Health Staff	3.30
Non-Health Staff	21.76
Totals	62.99

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
0.0%	40.9%	0.0%	0.0%	59.1%	100.0%		0.0%
0	1,060,888	0	0	1,530,403	2,591,291	0	

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
Tatiana Verkholaz

Contact Person and Telephone
Tatiana Verkholaz
773-588-9500

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	11
Endocrine/Metabolic	52
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	62
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	180	180	179	180	171	9	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	179	180	171	9	180	180

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	170
Total Admissions 2007	254
Total Discharges 2007	253
Residents on 12/31/2007	171

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8933	13.6%	43097	65.6%	9211	61241	93.2%	93.2%
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%
TOTALS	8933	13.6%	43097	65.6%	9211	61241	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	2	5	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	30	44	0	0	0	0	0	0	30	44	74
85+	15	35	0	0	0	0	0	0	15	35	50
TOTALS	67	104	0	0	0	0	0	0	67	104	171

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	119	0	2	25	0	171
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
TOTALS	25	119	0	2	25	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	46	0	0	0	46
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	32	0	0	0	32
Total	171	0	0	0	171

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	13.00
Certified Aides	60.00
Other Health Staff	6.00
Non-Health Staff	63.00
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
27.3%	58.2%	0.0%	3.1%	11.4%	100.0%		0.0%
2,582,113	5,503,252	0	288,675	1,074,124	9,448,164	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346
Health Service Area 002 Planning Service Area 179

Administrator
John Mirecki

Contact Person and Telephone
John Mirecki
309-698-9600

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5320	91.1%	0	5320	91.1%	91.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5320	91.1%	0	5320	91.1%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	0	0	2	4	6
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	8	0	0	6	8	14

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
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%		0.0%
0	652,703	0	0	0	652,703	0	

HARRISBURG CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6004055
Health Service Area 005 Planning Service Area 059

Administrator
Elizabeth Dunn

Contact Person and Telephone
Elizabeth Dunn
618-252-3905

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	2
Circulatory System	6
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	68	32	55	32	36	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	68	32	55	32	36	60	68

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	35
Total Admissions 2007	82
Total Discharges 2007	85
Residents on 12/31/2007	32

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1371	6.3%	7560	30.5%	2673	11604	46.8%	46.8%
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	1371	6.3%	7560	30.5%	2673	11604	46.8%	46.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	14	18	0	0	0	0	0	0	14	18	32

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HARRISBURG CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6004055
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	19	0	0	9	0	32
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
TOTALS	4	19	0	0	9	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	75	71
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	0.00
Non-Health Staff	16.00
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
10.9%	62.5%	0.0%	0.0%	26.7%	100.0%		0.0%
88,957	511,230	0	0	218,112	818,299	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
309-673-2676

Registered Agent Information

Date Completed
5/30/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	13	15	12	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	13	15	12	3	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4419	80.7%	0	4419	80.7%	80.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4419	80.7%	0	4419	80.7%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HART HOUSE
905 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004063
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.00
Non-Health Staff	1.00
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%	0.0%	84.0%	0.0%	16.0%	100.0%		0.0%
0	0	492,997	0	93,952	586,949	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Alissa Juenger
309-673-4645

Registered Agent Information

Date Completed
5/30/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	13	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	13	2	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4886	89.2%	0	4886	89.2%	89.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4886	89.2%	0	4886	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	3	0	0	4	3	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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	7	0	0	6	7	13

HARTRICK HOUSE
702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004071
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.00
Non-Health Staff	2.00
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%	0.0%	84.6%	0.0%	15.4%	100.0%		0.0%
0	0	553,552	0	101,132	654,684	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Susan Showalter

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/29/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	4
Circulatory System	27
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	94	76	94	71	27	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	76	94	71	27	18	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	64
Total Discharges 2007	69
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1934	29.4%	16798	47.0%	6554	25286	70.7%	73.7%
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	1934	29.4%	16798	47.0%	6554	25286	70.7%	73.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	3	0	0	0	0	0	0	7	3	10
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	26	45	0	0	0	0	0	0	26	45	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAVANA HEALTH CARE CENTER
609 NORTH HARPHAM STREET
HAVANA, IL. 62644

Reference Numbers Facility ID 6004089
Health Service Area 003 Planning Service Area 125

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	49	0	0	17	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
TOTALS	5	49	0	0	17	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

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	31.00
Other Health Staff	4.00
Non-Health Staff	29.00
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
24.3%	54.1%	0.0%	0.0%	21.6%	100.0%		0.0%
647,971	1,445,368	0	0	575,865	2,669,204	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Hawthorne Inn Of Clinton
1Park Lane West
CLINTON, IL. 61727

Reference Numbers Facility ID 6015879
Health Service Area 004 Planning Service Area 039

Administrator
Gary E. Coulter

Contact Person and Telephone
Gary E. Coulter
217-935-8500

Date Completed
4/29/2008

Registered Agent Information
Michael Bibo
285 Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	4
*Nervous System Non Alzheimer	12
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	16
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	134	134	107	134	100	34	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	107	134	100	34	134	134

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	135
Total Discharges 2007	129
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4339	8.9%	16532	33.8%	14982	35853	73.3%	73.3%
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%
TOTALS	4339	8.9%	16532	33.8%	14982	35853	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	21	0	0	0	0	0	0	7	21	28
85+	16	49	0	0	0	0	0	0	16	49	65
TOTALS	24	76	0	0	0	0	0	0	24	76	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Hawthorne Inn Of Clinton
1Park Lane West
CLINTON, IL. 61727

Reference Numbers Facility ID 6015879
Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	44	0	0	43	0	100
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
TOTALS	13	44	0	0	43	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	13.00
Certified Aides	48.75
Other Health Staff	1.00
Non-Health Staff	38.00
Totals	110.25

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
25.4%	25.7%	0.0%	0.0%	48.9%	100.0%		2.9%
1,543,145	1,560,890	0	0	2,971,700	6,075,736	173,590	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Date Completed
4/4/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	48
Mental Illness	0
Developmental Disability	1
Circulatory System	36
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	64	64	63	64	54	10	64	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	76	76	72	76	68	8		
TOTAL BEDS	140	140	135	140	122	18	64	40

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	127
Total Admissions 2007	185
Total Discharges 2007	190
Residents on 12/31/2007	122

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5203	22.3%	2177	14.9%	10761	18141	77.7%	77.7%
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					25550	25550	92.1%	92.1%
TOTALS	5203	22.3%	2177	14.9%	36311	43691	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	3	3	4	3	7
75 to 84	5	15	0	0	0	0	1	17	6	32	38
85+	9	22	0	0	0	0	4	40	13	62	75
TOTALS	16	38	0	0	0	0	8	60	24	98	122

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6015317
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	6	0	0	39	0	54
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	68	0	68
TOTALS	9	6	0	0	107	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	68	120
Race Unknown	1	0	0	0	1
Total	54	0	0	68	122

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	68	121
Ethnicity Unknown	1	0	0	0	1
Total	54	0	0	68	122

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	25.00
Other Health Staff	16.00
Non-Health Staff	26.00
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
30.0%	3.1%	0.0%	1.0%	65.9%	100.0%		0.8%
1,912,003	199,649	0	64,535	4,197,349	6,373,536	49,168	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HAWTHORNE MANOR OF PEORIA
6906 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
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	50	50	43	50	43	7	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	43	50	43	7	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	152
Total Discharges 2007	125
Residents on 12/31/2007	43

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4010	0.0%	1833	0.0%	7582	13425	73.6%	73.6%
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%
TOTALS	4010	0.0%	1833	0.0%	7582	13425	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	8	35	0	0	0	0	0	0	8	35	43

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HAWTHORNE MANOR OF PEORIA
6906 NORTH STALWORTH DRIVE
PEORIA, IL. 61615

Reference Numbers Facility ID 6016190
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	5	0	4	19	0	43
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
TOTALS	15	5	0	4	19	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.21
LPN's	4.50
Certified Aides	14.90
Other Health Staff	1.10
Non-Health Staff	17.80
Totals	40.51

NET REVENUE BY PAYOR 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%	5.0%	0.0%	5.4%	45.1%	100.0%		0.1%
1,389,496	155,635	0	168,064	1,405,770	3,118,966	1,859	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/25/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	5
Total Discharges 2007	4
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5108	87.5%	72	5180	88.7%	88.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5108	87.5%	72	5180	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	3	0	0	5	3	8
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	8	8	0	0	8	8	16

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012876
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	1	0	1
Ethnicity Unknown	0	0	15	0	15
Total	0	0	16	0	16

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	6.80
Other Health Staff	0.70
Non-Health Staff	1.60
Totals	9.35

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
0.0%	86.8%	0.0%	0.0%	13.2%	100.0%		0.0%
0	565,570	0	0	86,114	651,684	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator
Janet Smith

Contact Person and Telephone
Joy Brin
815-338-1749

Date Completed
5/5/2008

Registered Agent Information
N/A

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	70	68	70	62	13	29	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	49	42	49	41	22		
TOTAL BEDS	138	119	110	119	103	35	29	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	108
Total Admissions 2007	140
Total Discharges 2007	145
Residents on 12/31/2007	103

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3379	31.9%	6481	59.2%	13944	23804	87.0%	93.2%
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					15326	15326	66.6%	85.7%
TOTALS	3379	31.9%	6481	59.2%	29270	39130	77.7%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	1	1	2
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	9	0	0	0	0	0	9	2	18	20
85+	7	41	0	0	0	0	5	26	12	67	79
TOTALS	10	52	0	0	0	0	5	36	15	88	103

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	17	0	0	36	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			6	0	35	0	41
TOTALS	9	17	6	0	71	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	178
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	110	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	41	102
Race Unknown	0	0	0	0	0
Total	62	0	0	41	103

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	41	103
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	41	103

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	41.00
Other Health Staff	3.00
Non-Health Staff	48.00
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
20.2%	11.1%	0.0%	0.0%	68.7%	100.0%		0.4%
1,380,462	755,379	0	0	4,695,506	6,831,347	27,854	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
John Letizia
217-895-2665

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	71	71	71	71	68	3	71	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	71	71	71	71	68	3	71	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	88
Total Discharges 2007	86
Residents on 12/31/2007	68

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3878	15.0%	9949	43.3%	10143	23970	92.5%	92.5%
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	3878	15.0%	9949	43.3%	10143	23970	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	14	54	0	0	0	0	0	0	14	54	68

HEARTLAND CHRISTIAN VILLAGE
101 TROWBRIDGE ROAD
NEOGA, IL. 62447

Reference Numbers Facility ID 6013437
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	24	0	1	32	0	68
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
TOTALS	11	24	0	1	32	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	1.00
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
30.2%	26.8%	2.9%	1.2%	38.9%	100.0%		0.0%
1,132,053	1,006,799	107,769	45,814	1,459,980	3,752,418	0	

FACILITY NOTES

Bed Change	3/16/2007	Added 1 General Nursing bed and discontinued 1 Sheltered Care bed. Facility now has 71 General Nursing beds.

HEARTLAND HEALTH CARE CENTER
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6006233
Health Service Area 010 Planning Service Area 161

Administrator
Vickie Toomsen

Contact Person and Telephone
Vickie Toomsen
309-764-6744

Date Completed
4/18/2008

Registered Agent Information
N/A

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	32
Mental Illness	1
Developmental Disability	0
Circulatory System	27
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	24
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	149	149	149	149	147	2	149	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	149	149	149	149	147	2	149	36

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	145
Total Admissions 2007	390
Total Discharges 2007	388
Residents on 12/31/2007	147

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16128	29.7%	2256	17.2%	34872	53256	97.9%	97.9%
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	16128	29.7%	2256	17.2%	34872	53256	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	23	65	0	0	0	0	0	0	23	65	88
TOTALS	44	103	0	0	0	0	0	0	44	103	147

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEARTLAND HEALTH CARE CENTER
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6006233
Health Service Area 010 Planning Service Area 161

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	5	0	8	96	0	147
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
TOTALS	38	5	0	8	96	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	4	0	0	0	4
Total	147	0	0	0	147

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	26.00
Certified Aides	56.00
Other Health Staff	22.00
Non-Health Staff	52.00
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
47.1%	1.5%	0.0%	7.6%	43.8%	100.0%		0.0%
6,462,579	207,063	579	1,041,315	6,000,730	13,712,266	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTLAND HEALTH CARE-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
Christie Butler
309-833-5555

Date Completed
3/31/2008

Registered Agent Information
CT Corporation System
208 South LaSalle Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	80	0	71	9	80	20
Skilled Under 22	0	0	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	80	0	71	9	80	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	238
Total Discharges 2007	234
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9300	31.8%	3969	54.4%	11859	25128	86.1%	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%
TOTALS	9300	31.8%	3969	54.4%	11859	25128	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	9	0	0	0	0	0	0	4	9	13
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	4	30	0	0	0	0	0	0	4	30	34
TOTALS	19	52	0	0	0	0	0	0	19	52	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEARTLAND HEALTH CARE-MACOMB
#8 DOCTORS LANE
MACOMB, IL. 61455

Reference Numbers Facility ID 6005649
Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	12	0	1	26	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
TOTALS	32	12	0	1	26	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	10.00
Non-Health Staff	15.00
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
56.2%	6.8%	0.0%	5.1%	31.9%	100.0%		0.0%
3,086,151	375,727	0	280,523	1,750,617	5,493,018	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTLAND HEALTHCARE CENTER
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446
Health Service Area 002 Planning Service Area 095

Administrator
Lorna Brown

Contact Person and Telephone
Lorna Brown
309-343-2166

Date Completed
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	25
Respiratory System	13
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	11
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	84	83	82	82	77	7	82	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	84	83	82	82	77	7	82	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	251
Total Discharges 2007	243
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7798	26.1%	7117	65.0%	12536	27451	89.5%	90.6%
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%
TOTALS	7798	26.1%	7117	65.0%	12536	27451	89.5%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	20	57	0	0	0	0	0	0	20	57	77

HEARTLAND HEALTHCARE CENTER
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	22	2	5	26	0	77
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
TOTALS	22	22	2	5	26	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	3.00
Non-Health Staff	23.00
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
73.5%	7.5%	2.3%	10.3%	6.4%	100.0%		0.0%
14,449,844	1,473,974	459,132	2,015,014	1,250,602	19,648,566	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTLAND HEALTHCARE CENTER
1001 EAST PELLS STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6011571
Health Service Area 004 Planning Service Area 053

Administrator
Cindy Scharp

Contact Person and Telephone
Cindy Scharp
217-379-4361

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	95	95	95	1	96	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	96	96	95	95	95	1	96	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	263
Total Discharges 2007	260
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8215	23.4%	3776	172.4%	22242	34233	97.7%	97.7%
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	8215	23.4%	3776	172.4%	22242	34233	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	29	66	0	0	0	0	0	0	29	66	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEARTLAND HEALTHCARE CENTER
1001 EAST PELLS STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6011571
Health Service Area 004 Planning Service Area 053

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	10	0	7	54	0	95
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
TOTALS	24	10	0	7	54	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	17.00
Certified Aides	47.00
Other Health Staff	7.00
Non-Health Staff	41.00
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
44.1%	4.7%	0.1%	14.2%	36.9%	100.0%		0.0%
3,530,629	379,581	7,517	1,135,033	2,961,080	8,013,840	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Heartland Healthcare Center
2081 NORTH MAIN STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6011597
Health Service Area 002 Planning Service Area 057

Administrator
Jill Centko

Contact Person and Telephone
Jill Centko
309-647-6135

Registered Agent Information

Date Completed
4/22/2008

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	17
Mental Illness	5
Developmental Disability	0
Circulatory System	21
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	90	87	77	87	74	16	90	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	7	7	0	0	0		
TOTAL BEDS	90	94	84	87	74	16	90	32

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	127
Total Discharges 2007	129
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4184	12.7%	7130	61.0%	15029	26343	80.2%	83.0%
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					1663	1663	0.0%	65.1%
TOTALS	4184	12.7%	7130	61.0%	16692	28006	85.3%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	16	0	0	0	0	0	0	9	16	25
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	19	55	0	0	0	0	0	0	19	55	74

Heartland Healthcare Center
2081 NORTH MAIN STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6011597
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	25	0	6	31	0	74
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
TOTALS	12	25	0	6	31	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	120	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.27
LPN's	10.20
Certified Aides	24.17
Other Health Staff	1.00
Non-Health Staff	32.58
Totals	74.22

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
31.7%	12.5%	0.0%	12.0%	43.8%	100.0%		0.0%
1,692,182	667,963	0	642,253	2,340,366	5,342,764	0	

FACILITY NOTES

Bed Change	10/26/2007	Added 8 Nursing Care and discontinued 16 Sheltered Care beds; facility now has 90 Nursing Care and 0 Sheltered Care beds.

HEARTLAND HEALTHCARE CTR
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
Susan M. Legner
309-364-3905

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
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	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	MEDICAID CERTIFIED
Nursing Care	94	92	89	92	74	20	66	20
Skilled Under 22	0	0	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	92	89	92	74	20	66	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	212
Total Discharges 2007	217
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7381	30.6%	3729	51.1%	18319	29429	85.8%	87.6%
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%
TOTALS	7381	30.6%	3729	51.1%	18319	29429	85.8%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	24	50	0	0	0	0	0	0	24	50	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HEARTLAND HEALTHCARE CTR
1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Reference Numbers Facility ID 6011613
Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	12	0	3	41	0	74
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
TOTALS	18	12	0	3	41	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	30.00
Other Health Staff	10.00
Non-Health Staff	30.00
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
45.1%	4.6%	0.2%	6.7%	43.4%	100.0%		0.0%
2,915,959	296,790	14,092	430,689	2,806,241	6,463,771	5	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID 6004121
Health Service Area 004 Planning Service Area 023

Administrator
David J. Sauer

Contact Person and Telephone

217-932-4081

Date Completed
4/3/2008

Registered Agent Information
David J. Sauer
410 N. W. Third Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	1
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	86	62	86	57	42	47	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	99	86	62	86	57	42	47	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	65
Total Admissions 2007	100
Total Discharges 2007	108
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1336	7.8%	12675	36.2%	7879	21890	60.6%	69.7%
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	1336	7.8%	12675	36.2%	7879	21890	60.6%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	15	42	0	0	0	0	0	0	15	42	57

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID 6004121
Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	31	0	0	21	0	57
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
TOTALS	5	31	0	0	21	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
15.1%	37.5%	6.9%	1.4%	39.1%	100.0%		0.0%
490,395	1,221,194	225,658	46,484	1,271,620	3,255,351	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Margaret Olson

Contact Person and Telephone
Chris Reinhofer
773-286-3883

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	59
Developmental Disability	1
Circulatory System	4
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	173	135	131	130	120	53	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	131	130	120	53	173	173

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	108
Total Admissions 2007	46
Total Discharges 2007	34
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	800	1.3%	42072	66.6%	816	43688	69.2%	88.7%
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	800	1.3%	42072	66.6%	816	43688	69.2%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	16	0	0	0	0	0	0	26	16	42
60 to 64	6	13	0	0	0	0	0	0	6	13	19
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	61	59	0	0	0	0	0	0	61	59	120

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6004139
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	116	0	1	2	0	120
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
TOTALS	1	116	0	1	2	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	86	0	0	0	86
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.58
LPN's	9.69
Certified Aides	17.48
Other Health Staff	5.93
Non-Health Staff	20.34
Totals	58.02

NET REVENUE BY PAYOR 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%	91.3%	1.8%	0.1%	1.2%	100.0%		0.0%
270,940	4,391,543	86,992	3,132	59,815	4,812,422	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
MARK WARREN

Contact Person and Telephone
MARK WARREN
618-397-8400

Date Completed
5/23/2008

Registered Agent Information
BUSINESS FILINGS INCORPORATED
600 SOUTH SECOND STREET, SUITE 103
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	29
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	122	120	113	120	96	26	122	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	120	113	120	96	26	122	122

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	109
Total Admissions 2007	262
Total Discharges 2007	275
Residents on 12/31/2007	96

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5090	11.4%	29779	66.9%	2584	37453	84.1%	85.5%
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	5090	11.4%	29779	66.9%	2584	37453	84.1%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	8	0	0	0	0	0	0	3	8	11
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	8	27	0	0	0	0	0	0	8	27	35
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	26	70	0	0	0	0	0	0	26	70	96

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HELIA HEALTHCARE OF BELLEVILLE
40 NORTH 64TH STREET
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6006704
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	87	1	3	0	0	96
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
TOTALS	5	87	1	3	0	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pac. Isl.	1	0	0	0	1
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	1	0	0	0	1
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	19.00
Certified Aides	48.00
Other Health Staff	12.00
Non-Health Staff	22.00
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
25.9%	65.6%	1.7%	5.6%	1.1%	100.0%		0.0%
2,046,583	5,177,975	136,014	443,185	87,295	7,891,052	0	

FACILITY NOTES

Name Change	12/6/2007	Name changed from "Willow Creek Rehabilitation".

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6001408
Health Service Area 005 Planning Service Area 077

Administrator
Yolanda Fisher

Contact Person and Telephone
Yolanda Fisher
618-529-5355

Date Completed
5/1/2008

Registered Agent Information
Steve Miller
1140 Lake Street Suite 410

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	0
Circulatory System	8
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	118	73	118	60	58	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	73	118	60	58	118	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	208
Total Discharges 2007	214
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5016	11.6%	12515	29.1%	5968	23499	54.6%	54.6%
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%
TOTALS	5016	11.6%	12515	29.1%	5968	23499	54.6%	54.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	13	14	0	0	0	0	0	0	13	14	27
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	26	34	0	0	0	0	0	0	26	34	60

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6001408
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	30	0	3	16	0	60
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
TOTALS	11	30	0	3	16	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	8.00
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
52.5%	27.1%	0.5%	2.2%	17.7%	100.0%		0.0%
2,056,172	1,060,785	21,155	86,717	693,509	3,918,338	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6003800
Health Service Area 004 Planning Service Area 019

Administrator
Araceli Henson

Contact Person and Telephone
Brenda Dively
217-352-0516

Date Completed
5/5/2008

Registered Agent Information
Steve Miller
1140 Lake St., Suite #410

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	16
Developmental Disability	1
Circulatory System	19
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	118	93	83	93	77	41	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	93	83	93	77	41	118	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	76
Total Discharges 2007	72
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2390	5.5%	22710	52.7%	2579	27679	64.3%	81.5%
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	2390	5.5%	22710	52.7%	2579	27679	64.3%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	1	0	0	0	0	0	0	5	1	6
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	7	17	0	0	0	0	0	0	7	17	24
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	26	51	0	0	0	0	0	0	26	51	77

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6003800
Health Service Area 004 Planning Service Area 019

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	64	0	1	6	0	77
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
TOTALS	6	64	0	1	6	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	155	129

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	1	0	0	0	1
Total	77	0	0	0	77

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	21.00
Other Health Staff	1.00
Non-Health Staff	15.00
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
29.4%	58.4%	2.3%	1.6%	8.3%	100.0%		0.0%
1,153,914	2,292,178	90,855	64,097	325,061	3,926,105	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Christopher Haake

Contact Person and Telephone
Chris Haake
618-942-7014

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	35
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	69	96	69	27	55	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	69	96	69	27	55	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	83
Total Discharges 2007	83
Residents on 12/31/2007	69

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2046	10.2%	20251	57.8%	3364	25661	73.2%	73.2%
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%
TOTALS	2046	10.2%	20251	57.8%	3364	25661	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	4	3	7
45 to 59	9	9	0	0	0	0	0	0	9	9	18
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	13	8	0	0	0	0	0	0	13	8	21
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	32	37	0	0	0	0	0	0	32	37	69

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	60	0	0	7	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
TOTALS	2	60	0	0	7	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	4.00
Non-Health Staff	16.00
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
27.9%	63.7%	2.0%	0.0%	6.5%	100.0%		0.0%
961,314	2,195,982	69,872	0	222,702	3,449,870	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Christopher Haake

Contact Person and Telephone
Chris Haake
618-942-7014

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	63	16	13	16	12	51		63
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	16	13	16	12	51	0	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4557	19.8%	0	4557	19.8%	78.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4557	19.8%	0	4557	19.8%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	112	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
27.9%	63.7%	2.0%	0.0%	6.5%	100.0%		0.0%
961,314	2,195,982	69,872	0	222,702	3,449,870	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HELIA HEALTHCARE OF URBANA
907 LINCOLN AVENUE
URBANA, IL. 61801

Reference Numbers Facility ID 6008288
Health Service Area 004 Planning Service Area 019

Administrator
Bob Mattox

Contact Person and Telephone
Bob Mattox
217-367-8421

Date Completed
5/18/2008

Registered Agent Information
Business Filings Inc.
600 S. Second Suite 103

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	29
Mental Illness	8
Developmental Disability	1
Circulatory System	0
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	89	74	89	63	36	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	89	74	89	63	36	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	84
Total Discharges 2007	93
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1470	4.1%	21712	60.1%	1214	24396	67.5%	75.1%
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%
TOTALS	1470	4.1%	21712	60.1%	1214	24396	67.5%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	26	37	0	0	0	0	0	0	26	37	63

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HELIA HEALTHCARE OF URBANA
907 LINCOLN AVENUE
URBANA, IL. 61801

Reference Numbers Facility ID 6008288
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	60	0	0	1	0	63
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
TOTALS	2	60	0	0	1	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	25.00
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
24.6%	72.1%	0.0%	0.7%	2.6%	100.0%		0.0%
760,783	2,227,293	0	20,338	80,804	3,089,218	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HELPING HAND IC FACILITY
7434 WEST 61ST PLACE
SUMMIT, IL. 60501

Reference Numbers Facility ID 6004162
Health Service Area 007 Planning Service Area 705

Administrator
Elizabeth Pacyga

Contact Person and Telephone
Elizabeth Pacyga
708-352-3580

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4962	85.0%	0	4962	85.0%	85.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4962	85.0%	0	4962	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	9	5	0	0	9	5	14

HELPING HAND IC FACILITY
7434 WEST 61ST PLACE
SUMMIT, IL. 60501

Reference Numbers Facility ID 6004162
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		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	1.00
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%	88.9%	0.0%	0.0%	11.1%	100.0%		0.0%
0	793,593	0	0	99,193	892,786	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HENDERSON CO RETIREMENT CENTER
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066
Health Service Area 002 Planning Service Area 071

Administrator
RICHARD W. CLIFTON

Contact Person and Telephone
Kathy Symmonds
309-924-1123

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	59	59	55	0	54	5	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	59	59	55	0	54	5	54	54

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	46
Total Admissions 2007	50
Total Discharges 2007	42
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1313	6.7%	8206	41.6%	8893	18412	85.5%	85.5%
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	1313	6.7%	8206	41.6%	8893	18412	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	16	38	0	0	0	0	0	0	16	38	54

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HENDERSON CO RETIREMENT CENTER
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066
Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	22	0	0	27	0	54
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
TOTALS	5	22	0	0	27	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	8.00
Non-Health Staff	34.00
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
16.9%	34.0%	0.0%	0.0%	49.1%	100.0%		0.0%
401,249	807,937	0	0	1,168,581	2,377,767	0	

FACILITY NOTES

Bed change	5/16/2007	Added 5 nursing care beds; facility now has 59 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
Michael Diaz

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4015	91.7%	365	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	91.7%	365	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	7	0	7
45 to 59	0	0	0	0	5	0	0	0	5	0	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	12	0	0	0	12	0	12

HERBSTRITT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010292
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.63
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	10.23

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
0.0%	78.4%	10.7%	0.0%	10.9%	100.0%		0.0%
0	539,494	73,745	0	74,888	688,129	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/7/2008

Registered Agent Information
Kyle R. Rick
4016 9th Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	46
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	48	48	46	2		64
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	48	48	46	2	0	64

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	47
Total Admissions 2007	5
Total Discharges 2007	6
Residents on 12/31/2007	46

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			16938	72.5%	0	16938	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	16938	72.5%	0	16938	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	10	7	17
45 to 59	0	0	0	0	7	11	0	0	7	11	18
60 to 64	0	0	0	0	3	5	0	0	3	5	8
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	21	25	0	0	21	25	46

HERITAGE FIFTY-THREE
4601 53RD STREET
MOLINE, IL. 61265

Reference Numbers Facility ID 6004196
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		46	0	0	0	0	46
Sheltered Care			0	0	0	0	0
TOTALS	0	46	0	0	0	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	166	166
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	3	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	42	0	42
Race Unknown	0	0	0	0	0
Total	0	0	46	0	46

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	46	0	46

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	0.00
Other Health Staff	42.00
Non-Health Staff	22.00
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
0.0%	99.4%	0.6%	0.0%	0.0%	100.0%		0.0%
0	1,946,746	11,736	0	0	1,958,482	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - 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
Susan Holifield
309-827-8004

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	111	108	100	108	91	20	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	108	100	108	91	20	111	111

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	158
Total Discharges 2007	153
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5074	12.5%	18049	44.5%	7871	30994	76.5%	78.6%
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%
TOTALS	5074	12.5%	18049	44.5%	7871	30994	76.5%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	0	4	0	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	27	0	0	0	0	0	0	6	27	33
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	23	68	0	0	0	0	0	0	23	68	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6004261
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	48	0	3	31	0	91
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
TOTALS	9	48	0	3	31	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	37.00
Other Health Staff	5.00
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
36.9%	35.6%	0.0%	0.0%	27.5%	100.0%		0.0%
1,739,324	1,676,672	0	0	1,295,449	4,711,445	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Reference Numbers Facility ID 6007199
Health Service Area 002 Planning Service Area 143

Administrator
Martha Schlink

Contact Person and Telephone
Martha Schlink
309-274-2194

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	24
Injuries and Poisonings	3
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	106	110	102	8	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	106	110	102	8	110	110

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	127
Total Discharges 2007	131
Residents on 12/31/2007	102

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4333	10.8%	22011	54.8%	10807	37151	92.5%	92.5%
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	4333	10.8%	22011	54.8%	10807	37151	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	0	0	0	0	0	0	1	1	2
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	5	21	0	0	0	0	0	0	5	21	26
75 to 84	3	30	0	0	0	0	0	0	3	30	33
85+	10	21	0	0	0	0	0	0	10	21	31
TOTALS	20	82	0	0	0	0	0	0	20	82	102

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Reference Numbers Facility ID 6007199
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	47	0	2	35	0	102
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
TOTALS	18	47	0	2	35	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

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	37.00
Other Health Staff	0.00
Non-Health Staff	31.00
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
28.9%	40.5%	0.0%	0.0%	30.6%	100.0%		0.0%
1,523,186	2,132,101	0	0	1,609,274	5,264,562	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID 6006852
Health Service Area 004 Planning Service Area 113

Administrator
Christine A. Banks

Contact Person and Telephone
Christine A. Banks
309-723-2591

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	60	54	54	52	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	54	54	52	49	11	60	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	37
Total Discharges 2007	41
Residents on 12/31/2007	49

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1033	4.7%	10350	47.3%	7017	18400	84.0%	93.4%
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%
TOTALS	1033	4.7%	10350	47.3%	7017	18400	84.0%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	10	21	0	0	0	0	0	0	10	21	31
TOTALS	16	33	0	0	0	0	0	0	16	33	49

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID 6006852
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	0	20	0	49
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
TOTALS	4	25	0	0	20	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	1.00
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
15.1%	46.4%	0.0%	0.0%	38.5%	100.0%		0.0%
339,093	1,044,372	0	0	865,139	2,248,605	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - DWIGHT, LLC
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Reference Numbers Facility ID 6002083
Health Service Area 004 Planning Service Area 105

Administrator

Contact Person and Telephone
WILLIAM R. PROVENCE
815-584-1240

Date Completed
4/21/2008

Registered Agent Information
Steve Wannemacher
P.O. Box 3188

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	82	92	63	29	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	82	92	63	29	19	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	101
Total Discharges 2007	110
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4310	62.1%	13258	39.5%	8833	26401	78.6%	78.6%
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%
TOTALS	4310	62.1%	13258	39.5%	8833	26401	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	7	4	11
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	17	46	0	0	0	0	0	0	17	46	63

HERITAGE MANOR - DWIGHT, LLC
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Reference Numbers Facility ID 6002083
Health Service Area 004 Planning Service Area 105

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	0	0	23	0	63
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
TOTALS	5	35	0	0	23	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	3.00
Non-Health Staff	27.00
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
34.6%	31.8%	0.0%	0.0%	33.6%	100.0%		0.0%
1,311,677	1,207,523	0	0	1,273,166	3,792,366	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - EL PASO, LLC
555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID 6005920
Health Service Area 002 Planning Service Area 203

Administrator

Contact Person and Telephone
DIANE R. GREENE
309-527-6240

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	65	65	65	65	59	6	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	65	65	59	6	65	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	24
Total Discharges 2007	28
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1138	4.8%	11384	48.0%	10109	22631	95.4%	95.4%
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%
TOTALS	1138	4.8%	11384	48.0%	10109	22631	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
75 to 84	2	16	0	0	0	0	0	0	2	16	18
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	14	45	0	0	0	0	0	0	14	45	59

HERITAGE MANOR - EL PASO, LLC
555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID 6005920
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	32	0	0	22	0	59
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
TOTALS	5	32	0	0	22	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	16.00
Non-Health Staff	0.00
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
13.1%	37.3%	0.0%	0.0%	49.6%	100.0%		0.0%
394,127	1,126,254	0	0	1,496,813	3,017,195	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - 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
Linda S. Hartmann
847-697-6636

Date Completed
5/19/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	35
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	89	94	78	16	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	89	94	78	16	94	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	69
Total Discharges 2007	70
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2956	8.6%	20437	59.6%	6400	29793	86.8%	86.8%
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	2956	8.6%	20437	59.6%	6400	29793	86.8%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	2	5
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	7	42	0	0	0	0	0	0	7	42	49
TOTALS	14	64	0	0	0	0	0	0	14	64	78

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6006902
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	7	53	0	0	18	0	78
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
TOTALS	7	53	0	0	18	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
27.7%	51.2%	0.0%	0.0%	21.1%	100.0%		0.0%
1,193,320	2,204,577	0	0	907,207	4,305,106	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560
Health Service Area 004 Planning Service Area 053

Administrator
Karen Christensen

Contact Person and Telephone
Karen Christensen
217-784-4257

Date Completed
4/8/2008

Registered Agent Information
Steve Wannemacher
115 W. Jefferson St. Suite 401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	65	64	65	59	16	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	64	65	59	16	75	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	57
Total Discharges 2007	57
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1057	3.9%	10975	40.1%	8642	20674	75.5%	87.1%
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%
TOTALS	1057	3.9%	10975	40.1%	8642	20674	75.5%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	11	48	0	0	0	0	0	0	11	48	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560
Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	32	0	0	24	0	59
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
TOTALS	3	32	0	0	24	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	17.00
Non-Health Staff	8.00
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
13.9%	42.2%	0.0%	0.0%	43.9%	100.0%		0.0%
342,482	1,036,585	0	0	1,077,509	2,456,576	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - LITCHFIELD
628 SOUTH ILLINOIS STREET
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699
Health Service Area 003 Planning Service Area 135

Administrator
Lori Wheeler

Contact Person and Telephone
Lori Wheeler
217-324-2153

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	24
Digestive System	15
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	101	101	100	84	18	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	101	101	100	84	18	102	102

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	78
Total Admissions 2007	123
Total Discharges 2007	117
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3554	9.5%	13508	36.3%	11813	28875	77.6%	78.3%
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%
TOTALS	3554	9.5%	13508	36.3%	11813	28875	77.6%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	16	0	0	0	0	0	0	8	16	24
85+	5	53	0	0	0	0	0	0	5	53	58
TOTALS	15	69	0	0	0	0	0	0	15	69	84

HERITAGE MANOR - LITCHFIELD
628 SOUTH ILLINOIS STREET
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	34	35	0	0	0	84
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
TOTALS	15	34	35	0	0	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	10.00
Non-Health Staff	26.00
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
29.7%	29.5%	0.0%	0.0%	40.8%	100.0%		0.0%
1,164,020	1,155,767	0	0	1,597,861	3,917,648	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR LLC - 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
Cathleen Koch
217-773-3377

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	4
Circulatory System	7
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	83	68	83	63	24	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	83	68	83	63	24	87	87

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	72
Total Discharges 2007	61
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1958	6.2%	13441	42.3%	5774	21173	66.7%	69.9%
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	1958	6.2%	13441	42.3%	5774	21173	66.7%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	5	11	0	0	0	0	0	0	5	11	16
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	19	44	0	0	0	0	0	0	19	44	63

HERITAGE MANOR LLC - MT STERLING
435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Reference Numbers Facility ID 6004287
Health Service Area 003 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	35	0	1	22	0	63
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
TOTALS	5	35	0	1	22	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	20.00
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
24.1%	48.2%	0.0%	0.0%	27.7%	100.0%		0.0%
581,788	1,161,811	0	0	668,818	2,412,418	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID 6004253
Health Service Area 002 Planning Service Area 099

Administrator
Catherine McDowell

Contact Person and Telephone
Christie Leadley
815-539-6745

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	10
Mental Illness	9
Developmental Disability	1
Circulatory System	27
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	81	0	81	18	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	81	0	81	18	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	63
Total Discharges 2007	48
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3460	9.6%	14663	40.6%	9003	27126	75.1%	75.1%
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%
TOTALS	3460	9.6%	14663	40.6%	9003	27126	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	20	61	0	0	0	0	0	0	20	61	81

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID 6004253
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	44	1	0	25	0	81
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
TOTALS	11	44	1	0	25	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	2.00
Non-Health Staff	19.00
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
28.5%	37.0%	0.0%	0.0%	34.5%	100.0%		0.0%
1,106,157	1,439,127	0	0	1,340,850	3,886,135	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Kim Seaman
309-432-2557

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	46	3	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	13	10		
TOTAL BEDS	72	72	72	72	59	13	49	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	146
Total Discharges 2007	144
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2271	12.7%	8102	45.3%	7512	17885	100.0%	100.0%
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					7640	7640	91.0%	91.0%
TOTALS	2271	12.7%	8102	45.3%	15152	25525	97.1%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
75 to 84	11	9	0	0	0	0	0	3	11	12	23
85+	3	20	0	0	0	0	1	9	4	29	33
TOTALS	15	31	0	0	0	0	1	12	16	43	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - MINONK
201 LOCUST
MINONK, IL. 61760

Reference Numbers Facility ID 6005367
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	0	15	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	13	0	13
TOTALS	4	27	0	0	28	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	113	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	13	59
Race Unknown	0	0	0	0	0
Total	46	0	0	13	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	13	59
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	13	59

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	19.00
Other Health Staff	4.00
Non-Health Staff	20.00
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
26.6%	30.9%	0.0%	0.0%	42.6%	100.0%		0.0%
730,078	848,148	0	0	1,170,749	2,748,975	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128
Health Service Area 004 Planning Service Area 115

Administrator
Margery A. Oblinger

Contact Person and Telephone
Margery A. Oblinger
217-864-2356

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	72	3	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	72	3	75	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	70
Total Discharges 2007	70
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4459	16.3%	16985	62.0%	4602	26046	95.1%	95.1%
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%
TOTALS	4459	16.3%	16985	62.0%	4602	26046	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	20	0	0	0	0	0	0	10	20	30
85+	3	34	0	0	0	0	0	0	3	34	37
TOTALS	13	59	0	0	0	0	0	0	13	59	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	45	0	0	20	0	72
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
TOTALS	7	45	0	0	20	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	25.00
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
37.8%	45.0%	0.0%	0.0%	17.2%	100.0%		0.0%
1,393,583	1,658,862	0	0	634,334	3,686,779	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - 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
Sharon Bounds
309-452-7468

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	33
Mental Illness	27
Developmental Disability	2
Circulatory System	25
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	141

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	164	164	164	149	141	23	61	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	149	141	23	61	164

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	135
Total Admissions 2007	213
Total Discharges 2007	207
Residents on 12/31/2007	141

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4649	20.9%	27311	45.6%	24726	56686	94.7%	94.7%
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	4649	20.9%	27311	45.6%	24726	56686	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
75 to 84	8	33	0	0	0	0	0	0	8	33	41
85+	17	72	0	0	0	0	0	0	17	72	89
TOTALS	30	111	0	0	0	0	0	0	30	111	141

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - NORMAL
509 NORTH ADELAIDE
NORMAL, IL. 61761

Reference Numbers Facility ID 6008510
Health Service Area 004 Planning Service Area 113

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	72	0	2	53	0	141
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
TOTALS	14	72	0	2	53	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	22.00
Certified Aides	92.00
Other Health Staff	74.00
Non-Health Staff	0.00
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
18.2%	34.5%	0.0%	0.0%	47.3%	100.0%		0.0%
1,323,785	2,514,412	0	0	3,445,319	7,283,517	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Reference Numbers Facility ID 6000707
Health Service Area 003 Planning Service Area 021

Administrator
Nancy Pryor

Contact Person and Telephone
NANCY L. PRYOR
217-562-2174

Date Completed
4/30/2008

Registered Agent Information
Steve Wannemacher
PO Box 3188

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	2
Circulatory System	42
Respiratory System	2
Digestive System	11
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	25
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	151	150	124	142	108	43	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	150	124	142	108	43	151	151

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	121
Total Admissions 2007	164
Total Discharges 2007	177
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4946	9.0%	25924	47.0%	9071	39941	72.5%	73.0%
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	4946	9.0%	25924	47.0%	9071	39941	72.5%	73.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	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+	7	61	0	0	0	0	0	0	7	61	68
TOTALS	23	85	0	0	0	0	0	0	23	85	108

HERITAGE MANOR - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Reference Numbers Facility ID 6000707
Health Service Area 003 Planning Service Area 021

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	68	0	2	23	0	108
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
TOTALS	15	68	0	2	23	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

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	39.00
Other Health Staff	2.00
Non-Health Staff	33.00
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
33.0%	43.7%	0.0%	0.0%	23.2%	100.0%		0.0%
1,682,941	2,227,193	0	0	1,183,083	5,093,217	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - PERU
1301 21st STREET
PERU, IL. 61354

Reference Numbers Facility ID 6004303
Health Service Area 002 Planning Service Area 099

Administrator
Caroline Daugherity

Contact Person and Telephone
Caroline Daugherity
815-223-4901

Date Completed
4/9/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	16
Mental Illness	9
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	105

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	129	118	113	118	105	24	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	118	113	118	105	24	129	129

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	104
Total Admissions 2007	117
Total Discharges 2007	116
Residents on 12/31/2007	105

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5381	11.4%	25211	53.5%	8557	39149	83.1%	90.9%
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	5381	11.4%	25211	53.5%	8557	39149	83.1%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	4	7	11
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	7	58	0	0	0	0	0	0	7	58	65
TOTALS	20	85	0	0	0	0	0	0	20	85	105

HERITAGE MANOR - PERU
1301 21st STREET
PERU, IL. 61354

Reference Numbers Facility ID 6004303
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	66	1	2	17	0	105
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
TOTALS	19	66	1	2	17	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	55.00
Other Health Staff	6.00
Non-Health Staff	38.00
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
33.0%	45.4%	0.0%	0.0%	21.5%	100.0%		0.0%
1,669,651	2,297,652	0	0	1,088,400	5,055,703	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

Administrator
Ruth Kopec

Contact Person and Telephone
Ruth Kopec
217-789-0930

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	1
Circulatory System	30
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	77
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	178	177	177	174	165	13	129	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	177	177	174	165	13	129	178

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	153
Total Admissions 2007	699
Total Discharges 2007	687
Residents on 12/31/2007	165

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12259	26.0%	35053	54.0%	12131	59443	91.5%	92.0%
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	12259	26.0%	35053	54.0%	12131	59443	91.5%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	6	11	17
75 to 84	11	46	0	0	0	0	0	0	11	46	57
85+	12	79	0	0	0	0	0	0	12	79	91
TOTALS	29	136	0	0	0	0	0	0	29	136	165

HERITAGE MANOR - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	87	0	0	44	0	165
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
TOTALS	34	87	0	0	44	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	166
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	1	0	0	0	1
White	152	0	0	0	152
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	17.00
Certified Aides	46.00
Other Health Staff	9.00
Non-Health Staff	41.00
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
44.3%	34.6%	0.0%	0.0%	21.1%	100.0%		0.0%
4,224,484	3,294,964	0	0	2,012,934	9,532,382	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Reference Numbers Facility ID 6000715
Health Service Area 003 Planning Service Area 117

Administrator

Contact Person and Telephone
KARLA LOUNSBURY
618-635-5577

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	14
Mental Illness	19
Developmental Disability	1
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	94	93	94	93	6	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	94	93	94	93	6	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	88
Total Discharges 2007	79
Residents on 12/31/2007	93

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4830	13.4%	17961	49.7%	8839	31630	87.5%	92.2%
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%
TOTALS	4830	13.4%	17961	49.7%	8839	31630	87.5%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	2	46	0	0	0	0	0	0	2	46	48
TOTALS	17	76	0	0	0	0	0	0	17	76	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Reference Numbers Facility ID 6000715
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	49	0	0	34	0	93
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
TOTALS	10	49	0	0	34	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	4.00
Non-Health Staff	22.00
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
35.9%	37.5%	0.0%	0.0%	26.7%	100.0%		0.0%
1,500,826	1,567,231	0	0	1,115,490	4,183,549	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Janette Strabala
815-672-4516

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	1
Circulatory System	39
Respiratory System	8
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	116	4	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	116	4	120	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	75
Total Discharges 2007	76
Residents on 12/31/2007	116

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4329	9.9%	22414	51.2%	15547	42290	96.6%	96.6%
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%
TOTALS	4329	9.9%	22414	51.2%	15547	42290	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	9	64	0	0	0	0	0	0	9	64	73
TOTALS	22	94	0	0	0	0	0	0	22	94	116

HERITAGE MANOR - STREATOR
1525 EAST MAIN STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6004311
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	63	1	1	38	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
TOTALS	13	63	1	1	38	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

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	38.00
Other Health Staff	1.00
Non-Health Staff	31.00
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
23.4%	37.1%	0.0%	0.0%	39.4%	100.0%		0.0%
1,335,007	2,113,538	0	0	2,246,413	5,694,958	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR -CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6000723
Health Service Area 003 Planning Service Area 117

Administrator
Karla Smith

Contact Person and Telephone
Karla Smith
217-854-4433

Date Completed
5/2/2008

Registered Agent Information
Steve Wannemacher
115 W. Jefferson Suite 401 P.O. Box 3188

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	10
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	103	88	103	71	37	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	103	88	103	71	37	108	108

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	68
Total Discharges 2007	73
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3612	9.2%	15265	38.7%	10698	29575	75.0%	78.7%
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	3612	9.2%	15265	38.7%	10698	29575	75.0%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	21	50	0	0	0	0	0	0	21	50	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR -CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6000723
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	35	0	0	29	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
TOTALS	7	35	0	0	29	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
31.0%	35.7%	0.0%	0.0%	33.3%	100.0%		0.0%
1,184,521	1,362,394	0	0	1,273,781	3,820,696	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Heritage Manor of 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
Jean Strausbaugh
217-839-2171

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	10
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	4
TOTALS	75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	108	87	108	75	43	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	108	87	108	75	43	118	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	75
Total Discharges 2007	84
Residents on 12/31/2007	75

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3721	8.6%	16357	38.0%	10251	30329	70.4%	76.9%
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	3721	8.6%	16357	38.0%	10251	30329	70.4%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	6	14	0	0	0	0	0	0	6	14	20
85+	5	41	0	0	0	0	0	0	5	41	46
TOTALS	14	61	0	0	0	0	0	0	14	61	75

Heritage Manor of Gillespie
7588 Staunton Road
GILLESPIE, IL. 62033

Reference Numbers Facility ID 6000681
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	43	0	1	23	0	75
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
TOTALS	8	43	0	1	23	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	37.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
34.1%	37.2%	0.0%	0.0%	28.7%	100.0%		0.0%
1,233,120	1,346,728	0	0	1,039,600	3,619,449	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HERITAGE MANOR-BEARDSTOWN EAST
1501 CANAL STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6006480
Health Service Area 003 Planning Service Area 017

Administrator
Pat McNeal

Contact Person and Telephone
Pat McNeal
217-323-1900

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	35
Mental Illness	1
Developmental Disability	1
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	1
Non-Medical Conditions	0
TOTALS	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	61	59	61	54	17	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	61	59	61	54	17	71	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	44
Total Discharges 2007	43
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1541	5.9%	13645	52.7%	4579	19765	76.3%	88.8%
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	1541	5.9%	13645	52.7%	4579	19765	76.3%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	19	35	0	0	0	0	0	0	19	35	54

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR-BEARDSTOWN EAST
1501 CANAL STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6006480
Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	38	0	0	12	0	54
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
TOTALS	4	38	0	0	12	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	4.00
Non-Health Staff	17.00
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
19.6%	55.0%	0.0%	0.0%	25.4%	100.0%		0.0%
437,999	1,231,468	0	0	568,648	2,238,115	0	

FACILITY NOTES

Name Change	7/1/2007	Name changed from "Heritage Manor East - Beardstown".

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
Kelly J. Hungerford

Contact Person and Telephone
Kelly J. Hungerford
217-323-4055

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	79	79	79	79	57	22	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	79	79	57	22	79	79

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	73
Total Discharges 2007	79
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3024	10.5%	11701	40.6%	6254	20979	72.8%	72.8%
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	3024	10.5%	11701	40.6%	6254	20979	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	4	22	0	0	0	0	0	0	4	22	26
TOTALS	15	42	0	0	0	0	0	0	15	42	57

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HERITAGE MANOR-BEARDSTOWN SOUTH
8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6000780
Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	29	0	0	19	0	57
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
TOTALS	9	29	0	0	19	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	2.00
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
32.2%	36.5%	0.0%	0.0%	31.3%	100.0%		0.0%
907,853	1,028,075	0	0	882,374	2,818,303	0	

FACILITY NOTES

Name Change	7/1/2007	Name changed from "Heritage Manor South - Beardstown".

Heritage Nursing Center
1315 Curt Drive, Box 6179
Champaign, IL. 61826

Reference Numbers Facility ID 6004212
Health Service Area 004 Planning Service Area 019

Administrator
Greg Wilson

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
7/14/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Drive
Peoria, IL 61614

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	51	60	45	15	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	60	60	51	60	45	15	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	40
Total Discharges 2007	46
Residents on 12/31/2007	45

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1407	0.0%	10450	0.0%	6456	18313	83.6%	83.6%
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%
TOTALS	1407	0.0%	10450	0.0%	6456	18313	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	12	33	0	0	0	0	0	0	12	33	45

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Heritage Nursing Center
1315 Curt Drive, Box 6179
Champaign, IL. 61826

Reference Numbers Facility ID 6004212
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	30	0	0	14	0	45
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
TOTALS	1	30	0	0	14	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
29.8%	40.9%	0.0%	0.0%	32.1%	102.8%		0.0%
619,107	848,091	0	-57,240	665,686	2,075,644	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Heritage Nursing Home
5888 North Ridge Avenue
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002315
Health Service Area 006 Planning Service Area 601

Administrator
Sylvia Y Herlihy

Contact Person and Telephone
Della Richardson
773-769-2626

Date Completed
5/5/2008

Registered Agent Information
Daniel Shabat
7520 Skokie Blvd

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	99
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	128	128	117	128	109	19	21	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	117	128	109	19	21	128

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	109
Total Admissions 2007	95
Total Discharges 2007	95
Residents on 12/31/2007	109

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	455	5.9%	35994	77.0%	1606	38055	81.5%	81.5%
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	455	5.9%	35994	77.0%	1606	38055	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	13	7	20
45 to 59	30	18	0	0	0	0	0	0	30	18	48
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	61	48	0	0	0	0	0	0	61	48	109

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Heritage Nursing Home
5888 North Ridge Avenue
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002315
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	105	0	0	3	0	109
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
TOTALS	1	105	0	0	3	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	1	0	0	0	1
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

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	17.00
Other Health Staff	2.00
Non-Health Staff	28.00
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
3.9%	91.7%	0.0%	0.0%	4.4%	100.0%		0.0%
159,176	3,752,336	0	0	178,260	4,089,773	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Audrey Minch
815-288-2251

Date Completed
5/5/2008

Registered Agent Information
William Reigle
412 Fieldstone Lane

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
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	38
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	27	24	24	24	24	3	0	25
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	40	49	38	11		
TOTAL BEDS	76	73	64	73	62	14	0	25

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	12
Total Discharges 2007	12
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	1825	20.0%	6935	8760	88.9%	100.0%
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					13870	13870	77.6%	77.6%
TOTALS	0	0.0%	1825	20.0%	20805	22630	81.6%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	5	1	6	7
85+	3	20	0	0	0	0	7	25	10	45	55
TOTALS	3	21	0	0	0	0	8	30	11	51	62

HERITAGE SQUARE
620 NORTH OTTAWA AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID 6004337
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	5	0	0	19	0	24
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	38	0	38
TOTALS	0	5	0	0	57	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	84	84

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	37	61
Race Unknown	0	0	0	0	0
Total	24	0	0	38	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	38	62
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	38	62

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	27.00
Other Health Staff	33.00
Non-Health Staff	14.00
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%	2.8%	0.0%	0.0%	97.2%	100.0%		0.8%
0	70,883	0	0	2,493,521	2,564,404	21,733	

FACILITY NOTES

Bed Change	12/18/2007	Added 2 Nursing Care beds to existing facility; facility now has 27 Nursing Care and 49 Sheltered Care beds.

HICKORY ESTATES
310 Otha
SUMNER, IL. 62466

Reference Numbers Facility ID 6004345
Health Service Area 005 Planning Service Area 101

Administrator
Peter Narish

Contact Person and Telephone
Sheila Hayes
618-936-2004

Date Completed
5/29/2008

Registered Agent Information
Peter Narish
P. O. Box 157
Cary, IL 60013

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	15	1	0	16

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5636	96.5%	0	5636	96.5%	96.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5636	96.5%	0	5636	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	7
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	4	11	0	0	4	11	15

HICKORY ESTATES
310 Otha
SUMNER, IL. 62466

Reference Numbers Facility ID 6004345
Health Service Area 005 Planning Service Area 101

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		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	103	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Non-Health Staff	1.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	571,494	0	0	0	571,494	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
KAREN GUTIERREZ

Contact Person and Telephone
KAREN GUTIERREZ
708-598-4040

Date Completed
5/5/2008

Registered Agent Information
ABRAHAM STERN
10 S WACKER

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	36
Mental Illness	6
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	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	74	74	61	74	58	16	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	61	74	58	16	13	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	46
Total Discharges 2007	47
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	614	12.9%	20115	74.5%	0	20729	76.7%	76.7%
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	614	12.9%	20115	74.5%	0	20729	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	13	0	0	0	0	0	0	11	13	24
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	3	5	0	0	0	0	0	0	3	5	8
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	23	35	0	0	0	0	0	0	23	35	58

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
HICKORY HILLS, IL. 60457

Reference Numbers Facility ID 6004352
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	3	55	0	0	0	0	58
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
TOTALS	3	55	0	0	0	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	1	0	0	0	1
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	3.00
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
9.6%	89.2%	0.0%	0.0%	1.1%	100.0%		0.0%
240,129	2,223,110	0	0	28,429	2,491,668	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
5/20/2008

Registered Agent Information
Mr. Carl J. Tenney
236 North Water Street Suite 200 POB 560

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5820	99.7%	0	5820	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	5820	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

HICKORY POINT TERRACE
260 EAST LUCILLE AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID 6010623
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	334	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	3.00
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%	87.1%	0.0%	0.0%	12.9%	100.0%		0.0%
0	747,245	0	0	111,097	858,342	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/6/2008

Registered Agent Information
David M Jacobus
2576 N Greenway Rd
Cerro Gordo, IL 61818

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2080	95.0%	68	2148	98.1%	98.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2080	95.0%	68	2148	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	1	3	4
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	4	0	0	2	4	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HICKORY STREET PLACE
3905 EAST HICKORY STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6012819
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	166	166
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.75

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%	95.6%	0.0%	0.0%	4.4%	100.0%		0.0%
0	396,901	0	0	18,086	414,987	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6001663
Health Service Area 011 Planning Service Area 119

Administrator
Barbara Varwig

Contact Person and Telephone
Barbara Varwig
618-654-2368

Date Completed
4/16/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	12
Developmental Disability	5
Circulatory System	9
Respiratory System	7
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	19
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	128	128	115	128	91	37	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	128	115	128	91	37	82	95

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	276
Total Discharges 2007	280
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5764	19.3%	22089	63.7%	6408	34261	73.3%	73.3%
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%
TOTALS	5764	19.3%	22089	63.7%	6408	34261	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	2	4	6
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	11	33	0	0	0	0	0	0	11	33	44
TOTALS	25	66	0	0	0	0	0	0	25	66	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6001663
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	16	51	2	1	21	0	91
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
TOTALS	16	51	2	1	21	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
46.1%	36.7%	1.1%	3.1%	13.0%	100.0%		0.0%
2,479,304	1,970,772	58,487	167,091	699,131	5,374,785	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HIGHLAND PARK NURSING & REHAB CENTER
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280
Health Service Area 008 Planning Service Area 097

Administrator
Ma. Arleen Menchavez-Siap

Contact Person and Telephone
Ma. Arleen Menchavez Siap
847-432-9142

Date Completed
4/10/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	35
Mental Illness	12
Developmental Disability	0
Circulatory System	12
Respiratory System	5
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	83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	95	95	95	95	83	12	14	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	95	95	95	83	12	14	95

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	89
Total Admissions 2007	149
Total Discharges 2007	155
Residents on 12/31/2007	83

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3465	67.8%	18945	54.6%	9356	31766	91.6%	91.6%
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%
TOTALS	3465	67.8%	18945	54.6%	9356	31766	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	4	39	0	0	0	0	0	0	4	39	43
TOTALS	17	66	0	0	0	0	0	0	17	66	83

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HIGHLAND PARK NURSING & REHAB CENTER
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	45	0	0	33	0	83
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
TOTALS	5	45	0	0	33	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	2.00
Certified Aides	22.00
Other Health Staff	6.00
Non-Health Staff	24.00
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
28.5%	44.6%	0.8%	0.0%	26.2%	100.0%		0.0%
1,183,810	1,852,485	31,797	0	1,088,598	4,156,690	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6010359
Health Service Area 004 Planning Service Area 045

Administrator
Jennifer Allsopp

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	7	3	10
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	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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6010359
Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.60
Other Health Staff	0.80
Non-Health Staff	2.00
Totals	10.65

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
0.0%	80.2%	0.0%	0.0%	19.8%	100.0%		0.0%
0	529,350	0	0	130,848	660,198	0	

HILLCREST HEALTHCARE CENTER
777 DRAPER
JOLIET, IL. 60432

Reference Numbers Facility ID 6002604
Health Service Area 009 Planning Service Area 197

Administrator
Amy Walko

Contact Person and Telephone
Amy Walko
815-727-4794

Date Completed
4/28/2008

Registered Agent Information
Meyer Megence
8320 Skokie Boulevard

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	24
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	69
Developmental Disability	0
Circulatory System	31
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	153

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	168	168	164	168	153	15	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	164	168	153	15	84	168

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	150
Total Admissions 2007	411
Total Discharges 2007	408
Residents on 12/31/2007	153

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1657	5.4%	53135	86.7%	1390	56182	91.6%	91.6%
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%
TOTALS	1657	5.4%	53135	86.7%	1390	56182	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	35	13	0	0	0	0	0	0	35	13	48
45 to 59	42	25	0	0	0	0	0	0	42	25	67
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	10	5	0	0	0	0	0	0	10	5	15
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	100	53	0	0	0	0	0	0	100	53	153

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLCREST HEALTHCARE CENTER
777 DRAPER
JOLIET, IL. 60432

Reference Numbers Facility ID 6002604
Health Service Area 009 Planning Service Area 197

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	152	0	0	0	0	153
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
TOTALS	1	152	0	0	0	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	3	0	0	0	3
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	11.00
Non-Health Staff	48.00
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
8.3%	91.1%	0.0%	0.0%	0.6%	100.0%		0.0%
564,063	6,175,122	0	0	39,482	6,778,667	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Reference Numbers Facility ID 6004402
Health Service Area 010 Planning Service Area 073

Administrator
Mary Bergren

Contact Person and Telephone
Julie Kaufman
309-944-2147

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	7
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	23
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	106	106	95	106	93	13	106	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	106	106	95	106	93	13	106	180

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	89
Total Admissions 2007	73
Total Discharges 2007	69
Residents on 12/31/2007	93

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2049	5.3%	14928	22.7%	14730	31707	82.0%	82.0%
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	2049	5.3%	14928	22.7%	14730	31707	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	6	26	0	0	0	0	0	0	6	26	32
85+	14	34	0	0	0	0	0	0	14	34	48
TOTALS	24	69	0	0	0	0	0	0	24	69	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Reference Numbers Facility ID 6004402
Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	43	0	0	45	0	93
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
TOTALS	5	43	0	0	45	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	3.00
Non-Health Staff	32.00
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
10.9%	51.1%	0.0%	0.8%	37.3%	100.0%		0.0%
406,277	1,903,946	0	28,339	1,390,661	3,729,223	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLCREST RETIREMENT VILLAGE LTD
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID 6004410
Health Service Area 008 Planning Service Area 097

Administrator

Contact Person and Telephone
ALAN ROSENBAUM
847-546-5300

Date Completed
4/29/2008

Registered Agent Information
Karla Bishop
1740 N Circuit Drive

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	1
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	15
Alzheimer Disease	61
Mental Illness	20
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	142	142	136	141	123	19	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	142	142	136	141	123	19	0	140

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	129
Total Admissions 2007	53
Total Discharges 2007	59
Residents on 12/31/2007	123

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	39943	78.2%	7048	46991	90.7%	90.7%
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	0	0.0%	39943	78.2%	7048	46991	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	12	35	0	0	0	0	0	0	12	35	47
85+	6	42	0	0	0	0	0	0	6	42	48
TOTALS	33	90	0	0	0	0	0	0	33	90	123

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLCREST RETIREMENT VILLAGE LTD
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID 6004410
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	108	0	0	15	0	123
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
TOTALS	0	108	0	0	15	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.50
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	34.50
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
0.0%	64.9%	9.9%	0.0%	25.2%	100.0%		0.0%
0	3,046,843	463,101	0	1,184,470	4,694,414	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLSBORO HOSP EXTENDED CARE
1200 EAST TREMONT
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004436
Health Service Area 003 Planning Service Area 135

Administrator
Rex Brown

Contact Person and Telephone
Geoff Trost
217-532-6111

Date Completed
4/28/2008

Registered Agent Information
Elizabeth Huber
1200 E Tremont St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	40	40	21	40	10	30	28	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	40	40	21	40	10	30	28	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	18
Total Admissions 2007	58
Total Discharges 2007	66
Residents on 12/31/2007	10

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	406	4.0%	1971	90.0%	3362	5739	39.3%	39.3%
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%
TOTALS	406	4.0%	1971	90.0%	3362	5739	39.3%	39.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	3	7	0	0	0	0	0	0	3	7	10

HILLSBORO HOSP EXTENDED CARE
1200 EAST TREMONT
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004436
Health Service Area 003 Planning Service Area 135

RESIDENTS 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	5	0	10
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
TOTALS	0	5	0	0	5	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	196
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	4.00
Other Health Staff	0.00
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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLSBORO REHAB & HCC
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428
Health Service Area 003 Planning Service Area 135

Administrator
Lisa Katava

Contact Person and Telephone
Lisa Katava
217-532-6191

Date Completed
5/27/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	11
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	33
Mental Illness	15
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	121	98	98	98	98	23	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	98	98	98	98	23	121	121

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	75
Total Admissions 2007	55
Total Discharges 2007	32
Residents on 12/31/2007	98

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3363	7.6%	18389	41.6%	8946	30698	69.5%	85.8%
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	3363	7.6%	18389	41.6%	8946	30698	69.5%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	6	10	0	0	0	0	0	0	6	10	16
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	31	67	0	0	0	0	0	0	31	67	98

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLSBORO REHAB & HCC
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	57	0	2	30	0	98
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
TOTALS	9	57	0	2	30	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	93
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	13.00
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
27.5%	51.6%	0.0%	1.3%	19.6%	100.0%		0.0%
956,931	1,791,501	0	44,287	681,863	3,474,582	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLSIDE REHABILITATION & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451
Health Service Area 009 Planning Service Area 093

Administrator

Contact Person and Telephone
Nancy Tettemer
630-553-5811

Date Completed
4/18/2008

Registered Agent Information
ROBERT G. HEDGES
1625 SOUTH 6TH STREET

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	79	69	69	69	58	21	79	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	79	69	69	69	58	21	79	42

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	147
Total Discharges 2007	155
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3400	11.8%	11554	75.4%	8082	23036	79.9%	91.5%
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	3400	11.8%	11554	75.4%	8082	23036	79.9%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	12	46	0	0	0	0	0	0	12	46	58

HILLSIDE REHABILITATION & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451
Health Service Area 009 Planning Service Area 093

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	18	0	58
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
TOTALS	7	33	0	0	18	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	3.00
Non-Health Staff	11.00
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
32.8%	31.2%	0.0%	1.2%	34.8%	100.0%		0.0%
1,201,415	1,145,899	0	45,405	1,274,650	3,667,369	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLTOP CONVALESCENT CENTER
910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477
Health Service Area 004 Planning Service Area 029

Administrator
Lonnie Nichols

Contact Person and Telephone
Jeanie Weber
217-345-7066

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	94	81	94	72	36	25	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	94	81	94	72	36	25	108

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	107
Total Discharges 2007	105
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4251	46.6%	12701	32.2%	8978	25930	65.8%	75.6%
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%
TOTALS	4251	46.6%	12701	32.2%	8978	25930	65.8%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	19	53	0	0	0	0	0	0	19	53	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLTOP CONVALESCENT CENTER
910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	36	0	0	25	0	72
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
TOTALS	11	36	0	0	25	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	24.00
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
41.0%	34.3%	0.0%	0.0%	24.6%	100.0%		0.0%
1,283,921	1,074,698	0	0	771,263	3,129,882	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HILLVIEW HEALTHCARE CENTER
512 NORTH 11th STREET
VIENNA, IL. 62995

Reference Numbers Facility ID 6004485
Health Service Area 005 Planning Service Area 087

Administrator
Andrea Cossler

Contact Person and Telephone
Andrea Cossler
618-658-2951

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	69	69	53	69	38	31	25	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	53	69	38	31	25	69

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	50
Total Admissions 2007	28
Total Discharges 2007	40
Residents on 12/31/2007	38

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1699	18.6%	9946	39.5%	3636	15281	60.7%	60.7%
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	1699	18.6%	9946	39.5%	3636	15281	60.7%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	9	0	0	0	0	0	0	1	9	10
85+	1	22	0	0	0	0	0	0	1	22	23
TOTALS	4	34	0	0	0	0	0	0	4	34	38

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HILLVIEW HEALTHCARE CENTER
512 NORTH 11th STREET
VIENNA, IL. 62995

Reference Numbers Facility ID 6004485
Health Service Area 005 Planning Service Area 087

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	0	7	0	38
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
TOTALS	3	26	2	0	7	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	94	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	15.00
Non-Health Staff	0.00
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
30.8%	47.1%	5.2%	0.0%	16.9%	100.0%		0.0%
594,400	909,730	100,758	0	326,844	1,931,732	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Marcia Haslett

Contact Person and Telephone
Marcia Haslett
618-488-2355

Date Completed
4/15/2008

Registered Agent Information
Marcia E. Haslett
p.o.box 79

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	16
Mental Illness	5
Developmental Disability	0
Circulatory System	24
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	67	60	60	60	59	8	9	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	60	60	60	59	8	9	67

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	38
Total Discharges 2007	31
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1644	50.0%	9347	38.2%	9729	20720	84.7%	94.6%
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%
TOTALS	1644	50.0%	9347	38.2%	9729	20720	84.7%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	1	9	0	0	0	0	0	0	1	9	10
85+	4	33	0	0	0	0	0	0	4	33	37
TOTALS	9	50	0	0	0	0	0	0	9	50	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	26	0	59
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
TOTALS	3	30	0	0	26	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
35.4%	28.6%	0.0%	0.0%	35.9%	100.0%		0.8%
1,036,137	836,489	0	0	1,050,965	2,923,591	22,591	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014690
Health Service Area 006 Planning Service Area 601

Administrator
Rose Kasarda

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	53

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			16112	83.3%	0	16112	83.3%	83.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	16112	83.3%	0	16112	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	23	0	0	11	23	34
45 to 59	0	0	0	0	2	17	0	0	2	17	19
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	13	40	0	0	13	40	53

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014690
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	50	0	50
Race Unknown	0	0	0	0	0
Total	0	0	53	0	53

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.04
Director of Nursing	1.00
Registered Nurses	1.11
LPN's	2.00
Certified Aides	49.75
Other Health Staff	10.60
Non-Health Staff	8.33
Totals	73.83

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
0.0%	91.9%	8.1%	0.0%	0.0%	100.0%		0.0%
0	3,050,576	269,128	0	92	3,319,796	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6014732
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/25/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5562	95.2%	0	5562	95.2%	95.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5562	95.2%	0	5562	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	7	2	9
45 to 59	0	0	0	0	1	3	0	0	1	3	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	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

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6014732
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		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	146
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.34
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.42
Non-Health Staff	1.83
Totals	9.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	89.8%	0.0%	0.0%	10.2%	100.0%		0.0%
0	778,374	0	0	88,710	867,084	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HOLLY HILL
203 WEST LAFAYETTE
ANNA, IL. 62906

Reference Numbers Facility ID 6004527
Health Service Area 005 Planning Service Area 181

Administrator
Denise Pippins

Contact Person and Telephone
Jean Bullock
618-833-3322

Date Completed
3/31/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5795	99.2%	0	5795	99.2%	99.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5795	99.2%	0	5795	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	1	0	0	2	1	3
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	9	7	0	0	9	7	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HOLLY HILL
203 WEST LAFAYETTE
ANNA, IL. 62906

Reference Numbers Facility ID 6004527
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	103	93
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
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%	86.9%	12.3%	0.0%	0.8%	100.0%		0.0%
0	471,324	66,815	0	4,083	542,222	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HOLY FAMILY NURSING & REHABILITA CENTER
2380 DEMPSTER STREET
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6004543
Health Service Area 007 Planning Service Area 702

Administrator
Eileen Bregianos

Contact Person and Telephone
Georgiana Gruszkowski
847-296-3335

Date Completed
7/17/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	5
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	17
Developmental Disability	0
Circulatory System	27
Respiratory System	22
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	22
Injuries and Poisonings	21
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	170

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	251	231	177	231	170	81	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	251	231	177	231	170	81	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	496
Total Discharges 2007	477
Residents on 12/31/2007	170

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7717	0.0%	34504	0.0%	16096	58317	63.7%	69.2%
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%
TOTALS	7717	0.0%	34504	0.0%	16096	58317	63.7%	69.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	7	0	0	0	0	0	0	10	7	17
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	16	33	0	0	0	0	0	0	16	33	49
85+	8	75	0	0	0	0	0	0	8	75	83
TOTALS	42	128	0	0	0	0	0	0	42	128	170

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HOLY FAMILY NURSING & REHABILITA CENTER
2380 DEMPSTER STREET
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6004543
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	107	0	0	41	3	170
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
TOTALS	19	107	0	0	41	3	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	166	0	0	0	166
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.50
LPN's	3.50
Certified Aides	55.50
Other Health Staff	14.70
Non-Health Staff	45.30
Totals	145.50

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
39.6%	34.3%	0.0%	0.0%	26.1%	100.0%		0.0%
3,948,138	3,422,023	0	0	2,599,823	9,969,984	0	

FACILITY NOTES

Name Change	2/6/2007	Name changed from Holy Family Health Center.

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
4/24/2008

Registered Agent Information
Fr. Micheal Boland
721 N. LaSalle Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	97	2	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	97	2	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	49
Total Discharges 2007	46
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2335	0.0%	14924	41.3%	18077	35336	97.8%	97.8%
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	2335	0.0%	14924	41.3%	18077	35336	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	7	62	0	0	0	0	0	0	7	62	69
TOTALS	15	82	0	0	0	0	0	0	15	82	97

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	36	0	0	48	0	97
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
TOTALS	13	36	0	0	48	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	226
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	0.00
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
18.7%	28.6%	0.0%	0.0%	52.7%	100.0%		2.2%
1,194,224	1,831,610	0	0	3,373,165	6,398,999	138,060	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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. Mattingy

Contact Person and Telephone
Lori Jones
618-985-8351 x101

Date Completed
3/27/2008

Registered Agent Information

FACILITY OWNERSHIP
GENERAL PARTNERSHIP

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	0	5475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	0	8	0	8
60 to 64	0	0	0	0	2	2	0	0	2	2	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	12	3	0	0	12	3	15

HOMESTEAD HOUSE
1120 North Division Street
CARTERVILLE, IL. 62918

Reference Numbers Facility ID 6011647
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	101
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	2.00
Non-Health Staff	1.00
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%	83.3%	15.7%	0.0%	1.0%	100.0%		0.0%
0	466,090	87,885	0	5,518	559,493	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HOOPESTON COMMUNITY MEM NH
701 EAST ORANGE STREET
HOOPESTON, IL. 60942

Reference Numbers Facility ID 6004592
Health Service Area 004 Planning Service Area 183

Administrator
Jackie Johnson

Contact Person and Telephone
Jackie Johnson
217-283-5531

Date Completed
5/2/2008

Registered Agent Information
Russell Leigh
228 E. Main St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	29
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	73	2	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	73	2	75	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	31
Total Discharges 2007	31
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	565	2.1%	16243	59.3%	10370	27178	99.3%	99.3%
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%
TOTALS	565	2.1%	16243	59.3%	10370	27178	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	23	0	0	0	0	0	0	6	23	29
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	16	57	0	0	0	0	0	0	16	57	73

HOOPESTON COMMUNITY MEM NH
701 EAST ORANGE STREET
HOOPESTON, IL. 60942

Reference Numbers Facility ID 6004592
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	46	0	0	25	0	73
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
TOTALS	2	46	0	0	25	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	1.00
Non-Health Staff	12.00
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
16.0%	56.3%	0.0%	1.2%	26.4%	100.0%		0.0%
435,564	1,527,991	0	33,439	718,140	2,715,135	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Hope House
106 East Second South Street
Arcola, IL. 61910

Reference Numbers Facility ID 6011563
Health Service Area 004 Planning Service Area 041

Administrator
Joshua Rieman

Contact Person and Telephone
Joshua Rieman
217-268-3732

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	2	0	0	1	2	3
60 to 64	0	0	0	0	3	0	0	0	3	0	3
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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Hope House
106 East Second South Street
Arcola, IL. 61910

Reference Numbers Facility ID 6011563
Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	131	131
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.58

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	89.9%	10.1%	0.0%	0.0%	100.0%		0.0%
0	643,417	72,199	0	0	715,616	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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, R.N. B.S.N.
309-449-4145

Date Completed
4/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	74	52	48	52	46	28	22	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	74	52	48	52	46	28	22	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	46
Total Admissions 2007	51
Total Discharges 2007	51
Residents on 12/31/2007	46

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	16131	16131	59.7%	85.0%
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	0	0.0%	0	0.0%	16131	16131	59.7%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	2	10	12
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	8	38	0	0	0	0	0	0	8	38	46

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	39	7	46
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
TOTALS	0	0	0	0	39	7	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	0.00
Non-Health Staff	2.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		10.0%
0	0	0	0	2,306,670	2,306,670	230,044	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60914

Reference Numbers Facility ID 6012421
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	5	0	0	9	5	14

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60914

Reference Numbers Facility ID 6012421
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	6.58
Other Health Staff	0.79
Non-Health Staff	1.76
Totals	9.57

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%	86.5%	0.0%	0.0%	13.5%	100.0%		0.0%
0	544,471	0	0	85,291	629,762	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
309-637-7920

Registered Agent Information

Date Completed
5/30/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5221	95.4%	0	5221	95.4%	95.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5221	95.4%	0	5221	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	2	6	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	7	7	0	0	7	7	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

HUNTER HOUSE
505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004659
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.00
Non-Health Staff	1.00
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%	0.0%	77.8%	0.0%	22.2%	100.0%		0.0%
0	0	522,597	0	149,210	671,807	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Bruce Vaca

Contact Person and Telephone
Vickie Trumpinski
(815) 223-0303, ext 201

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
STATE

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	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	7
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	5
Circulatory System	29
Respiratory System	2
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	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	116	98	116	89	31	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	120	116	98	116	89	31	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	98
Total Admissions 2007	32
Total Discharges 2007	41
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	33276	33276	76.0%	78.6%
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%
TOTALS	0	0.0%	0	0.0%	33276	33276	76.0%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	0	6	0	6
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	37	1	0	0	0	0	0	0	37	1	38
85+	34	2	0	0	0	0	0	0	34	2	36
TOTALS	85	4	0	0	0	0	0	0	85	4	89

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

IL VETERANS HOME AT LASALLE
1015 O'CONOR
LASALLE, IL. 61301

Reference Numbers Facility ID 6015481
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	89	0	0	89
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
TOTALS	0	0	0	89	0	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	243
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	8.50
Certified Aides	42.00
Other Health Staff	9.00
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
0.0%	0.0%	63.7%	0.0%	36.3%	100.0%		0.0%
0	0	2,348,378	0	1,337,702	3,686,080	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Martin J. Downs

Contact Person and Telephone
Elaine Schwass
815-468-6581

Date Completed
4/10/2008

Registered Agent Information

FACILITY OWNERSHIP
STATE

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	61
Mental Illness	42
Developmental Disability	0
Circulatory System	64
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	224

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	340	340	289	340	224	116	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	340	289	340	224	116	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	289
Total Admissions 2007	39
Total Discharges 2007	104
Residents on 12/31/2007	224

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	91566	91566	73.8%	73.8%
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	0	0.0%	0	0.0%	91566	91566	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	11	1	0	0	0	0	0	0	11	1	12
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	10	0	0	0	0	0	0	0	10	0	10
75 to 84	87	5	0	0	0	0	0	0	87	5	92
85+	91	11	0	0	0	0	0	0	91	11	102
TOTALS	206	18	0	0	0	0	0	0	206	18	224

IL VETERANS HOME AT MANTENO
1 VETERANS DRIVE
MANTENO, IL. 60901

Reference Numbers Facility ID 6014948
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	224	0	224
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
TOTALS	0	0	0	0	224	0	224

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	214	0	0	0	214
Race Unknown	0	0	0	0	0
Total	224	0	0	0	224

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	224	0	0	0	224
Total	224	0	0	0	224

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	23.00
Certified Aides	103.00
Other Health Staff	17.00
Non-Health Staff	100.00
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
2.7%	0.0%	60.3%	0.4%	36.6%	100.0%		0.0%
299,790	0	6,645,329	42,622	4,035,220	11,022,961	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Cathy Page

Contact Person and Telephone
Tane Temple
217-222-8641 ext 202

Date Completed
4/17/2008

Registered Agent Information

FACILITY OWNERSHIP
STATE

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	7
Endocrine/Metabolic	46
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	76
Mental Illness	66
Developmental Disability	0
Circulatory System	162
Respiratory System	24
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	450

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	551	551	411	551	411	140	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	132	132	39	132	39	93		
TOTAL BEDS	683	683	450	683	450	233	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	456
Total Admissions 2007	165
Total Discharges 2007	171
Residents on 12/31/2007	450

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	133767	133767	66.5%	66.5%
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					8361	8361	17.4%	17.4%
TOTALS	0	0.0%	0	0.0%	142128	142128	57.0%	57.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	1	0	19	0	19
60 to 64	30	0	0	0	0	0	5	2	35	2	37
65 to 74	28	0	0	0	0	0	12	0	40	0	40
75 to 84	145	17	0	0	0	0	16	16	161	33	194
85+	130	28	0	0	0	0	0	2	130	30	160
TOTALS	351	45	0	0	0	0	34	20	385	65	450

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	12	401	0	413
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	37	0	37
TOTALS	0	0	0	12	438	0	450

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	219
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	126	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	1	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	400	0	0	36	436
Race Unknown	0	0	0	0	0
Total	413	0	0	37	450

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	413	0	0	37	450
Ethnicity Unknown	0	0	0	0	0
Total	413	0	0	37	450

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	47.00
LPN's	63.00
Certified Aides	152.00
Other Health Staff	11.00
Non-Health Staff	226.00
Totals	505.00

NET REVENUE BY PAYOR 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%	0.0%	57.1%	0.7%	37.4%	100.0%		0.0%
804,917	0	9,609,199	120,002	6,299,612	16,833,730	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ILLINOIS KNIGHTS TEMPLAR HOME
450 FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6004675
Health Service Area 004 Planning Service Area 053

Administrator
Kathy L. Swan

Contact Person and Telephone
Chris Kasper
217-379-2116

Date Completed
5/6/2008

Registered Agent Information
Nick Lynn
190 South LaSalle St., Suite 3700

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	73	2	75	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	75	75	75	75	73	2	75	52

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	75
Total Admissions 2007	96
Total Discharges 2007	98
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1549	5.7%	11961	63.0%	13142	26652	97.4%	97.4%
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%
TOTALS	1549	5.7%	11961	63.0%	13142	26652	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	5	16	0	0	0	0	0	0	5	16	21
85+	6	38	0	0	0	0	0	0	6	38	44
TOTALS	16	57	0	0	0	0	0	0	16	57	73

ILLINOIS KNIGHTS TEMPLAR HOME
450 FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6004675
Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	33	0	73
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
TOTALS	6	34	0	0	33	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	1.00
Non-Health Staff	35.00
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
17.0%	35.0%	0.0%	0.0%	48.0%	100.0%		16.1%
592,580	1,220,017	0	0	1,673,167	3,485,764	559,678	

FACILITY NOTES

Data	9/5/2008	Data are shown as reported. Based upon initial analysis the numbers for Charity Care Expense are being verified.

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
4/9/2008

Registered Agent Information
Charles A. Chapin
205 South 5th St., Ste. 700

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	15	15	8	13	6	9	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	70	65	70	59	14		
TOTAL BEDS	88	85	73	83	65	23	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	38
Total Discharges 2007	40
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	2574	2574	47.0%	47.0%
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					22599	22599	84.8%	88.5%
TOTALS	0	0.0%	0	0.0%	25173	25173	78.4%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	1	0	0	0	0	4	11	4	12	16
85+	1	4	0	0	0	0	6	37	7	41	48
TOTALS	1	5	0	0	0	0	10	49	11	54	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6004709
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	6	0	6
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	59	0	59
TOTALS	0	0	0	0	65	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	77
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	38	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	59	65
Race Unknown	0	0	0	0	0
Total	6	0	0	59	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	59	65
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	59	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	4.60
Certified Aides	4.80
Other Health Staff	1.70
Non-Health Staff	12.10
Totals	27.20

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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,363,483	1,363,483	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Linda S. Hadley

Contact Person and Telephone
Linda S. Haldey
618-833-6302

Date Completed
4/21/2008

Registered Agent Information
Tammy Duckworth
833 South Spring Street, Box 19432

FACILITY OWNERSHIP
STATE

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	18
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	48

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	50	50	48	2	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	48	2	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	48
Total Admissions 2007	20
Total Discharges 2007	20
Residents on 12/31/2007	48

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	17549	17549	96.2%	96.2%
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%
TOTALS	0	0.0%	0	0.0%	17549	17549	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
75 to 84	17	0	0	0	0	0	0	0	17	0	17
85+	24	2	0	0	0	0	0	0	24	2	26
TOTALS	46	2	0	0	0	0	0	0	46	2	48

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ILLINOIS VETERANS HOME AT ANNA
792 NORTH MAIN
ANNA, IL. 62906

Reference Numbers Facility ID 6014120
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	48	0	48
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
TOTALS	0	0	0	0	48	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	71	71
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	1.00
Non-Health Staff	27.00
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
0.4%	0.0%	60.3%	0.1%	39.2%	100.0%		0.0%
8,419	0	1,191,878	1,190	773,560	1,975,049	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Rhonda Luther

Contact Person and Telephone
Rhonda Luther
217-422-6464

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	95	89	89	88	88	7	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	89	89	88	88	7	95	95

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	67
Total Discharges 2007	63
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4069	11.7%	9050	26.1%	18294	31413	90.6%	96.7%
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	4069	11.7%	9050	26.1%	18294	31413	90.6%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	21	0	0	0	0	0	0	7	21	28
85+	5	52	0	0	0	0	0	0	5	52	57
TOTALS	15	73	0	0	0	0	0	0	15	73	88

IMBODEN CREEK LIVING CENTER
180 WEST IMBODEN DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6012579
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	26	0	1	48	0	88
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
TOTALS	13	26	0	1	48	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	36.00
Other Health Staff	2.00
Non-Health Staff	33.00
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
29.9%	17.3%	0.0%	0.7%	52.1%	100.0%		0.0%
1,591,840	922,272	0	39,963	2,775,384	5,329,459	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733
Health Service Area 006 Planning Service Area 602

Administrator
Frederick Ramos

Contact Person and Telephone
Frederick Ramos
773-248-9300

Date Completed
5/4/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	50
Alzheimer Disease	40
Mental Illness	1
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	50
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	248	248	247	248	235	13	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	247	248	235	13	248	248

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	234
Total Admissions 2007	365
Total Discharges 2007	364
Residents on 12/31/2007	235

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14634	16.2%	49307	54.5%	7039	70980	78.4%	78.4%
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%
TOTALS	14634	16.2%	49307	54.5%	7039	70980	78.4%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	4	7	11
60 to 64	14	13	0	0	0	0	0	0	14	13	27
65 to 74	17	18	0	0	0	0	0	0	17	18	35
75 to 84	24	54	0	0	0	0	0	0	24	54	78
85+	19	65	0	0	0	0	0	0	19	65	84
TOTALS	78	157	0	0	0	0	0	0	78	157	235

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	151	0	4	30	0	235
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
TOTALS	50	151	0	4	30	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	235	0	0	0	235

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	218	0	0	0	218
Ethnicity Unknown	0	0	0	0	0
Total	235	0	0	0	235

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	5.80
LPN's	4.20
Certified Aides	11.25
Other Health Staff	6.20
Non-Health Staff	19.40
Totals	47.25

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
44.4%	45.6%	0.0%	1.6%	8.4%	100.0%		0.0%
7,430,038	7,639,728	0	265,567	1,403,740	16,739,073	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

IMPERIAL OF HAZEL CREST
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6004741
Health Service Area 007 Planning Service Area 705

Administrator
Bonzetta Williams

Contact Person and Telephone
Bonzetta Williams
708-335-2400

Date Completed
7/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	29
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	22
Mental Illness	61
Developmental Disability	1
Circulatory System	16
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	181

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	204	204	193	204	181	23	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	204	204	193	204	181	23	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	175
Total Admissions 2007	147
Total Discharges 2007	141
Residents on 12/31/2007	181

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2320	0.0%	58655	0.0%	4944	65919	88.5%	88.5%
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	2320	0.0%	58655	0.0%	4944	65919	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	11	8	19
45 to 59	10	11	0	0	0	0	0	0	10	11	21
60 to 64	25	21	0	0	0	0	0	0	25	21	46
65 to 74	28	17	0	0	0	0	0	0	28	17	45
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	9	8	0	0	0	0	0	0	9	8	17
TOTALS	92	89	0	0	0	0	0	0	92	89	181

IMPERIAL OF HAZEL CREST
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6004741
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	168	4	0	5	0	181
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
TOTALS	4	168	4	0	5	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	20.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	52.00
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
7.7%	86.8%	2.0%	0.3%	3.2%	100.0%		0.0%
558,371	6,278,095	145,624	20,234	234,032	7,236,356	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

INDEPENDENCE PLACE
1705 SOUTH PARK AVENUE
HERRIN, IL. 62948

Reference Numbers Facility ID 6011357
Health Service Area 005 Planning Service Area 199

Administrator
James T. Dodson

Contact Person and Telephone
Jane M. Dodson
618-327-9846

Date Completed
5/29/2008

Registered Agent Information
James T. Dodson
15755 Nixon Road

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	9	16	9	7		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	9	16	9	7	0	16

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	9
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	9

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			3285	56.3%	0	3285	56.3%	56.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	3285	56.3%	0	3285	56.3%	56.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	2	1	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	6	3	0	0	6	3	9

INDEPENDENCE PLACE
1705 SOUTH PARK AVENUE
HERRIN, IL. 62948

Reference Numbers Facility ID 6011357
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	1.00
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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	-72,338	0	0	-72,338	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

INTERNATIONAL VILLAGE
4815 SOUTH WESTERN AVENUE
CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617
Health Service Area 006 Planning Service Area 603

Administrator
Nikki Dinsmore

Contact Person and Telephone
Nikki Dinsmore
773-927-4200

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	30
Mental Illness	36
Developmental Disability	0
Circulatory System	0
Respiratory System	30
Digestive System	25
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	179

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	218	207	179	207	179	39	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	207	179	207	179	39	218	218

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	179
Total Admissions 2007	200
Total Discharges 2007	200
Residents on 12/31/2007	179

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	26	0.0%	150	0.2%	3	179	0.2%	0.2%
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%
TOTALS	26	0.0%	150	0.2%	3	179	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	4	4	8
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	26	19	0	0	0	0	0	0	26	19	45
75 to 84	19	34	0	0	0	0	0	0	19	34	53
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	86	93	0	0	0	0	0	0	86	93	179

INTERNATIONAL VILLAGE
4815 SOUTH WESTERN AVENUE
CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	150	0	0	3	0	179
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
TOTALS	26	150	0	0	3	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	90	0	0	0	90
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	50	0	0	0	50
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	33.00
Certified Aides	60.00
Other Health Staff	20.00
Non-Health Staff	35.00
Totals	154.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.9%	50.5%	0.0%	31.2%	3.4%	100.0%		0.0%
2,006,170	6,827,522	0	4,208,000	465,547	13,507,239	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

IONA GLOS SPECIAL LIVING CTR
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID 6004782
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Brazouski

Contact Person and Telephone
Alan Blum
630-543-2440

Date Completed
4/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	10
Total Discharges 2007	7
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			36500	100.0%	0	36500	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	36500	100.0%	0	36500	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	10	0	0	15	10	25
45 to 59	0	0	0	0	36	27	0	0	36	27	63
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	5	1	0	0	5	1	6
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	60	40	0	0	60	40	100

IONA GLOS SPECIAL LIVING CTR
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID 6004782
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		100	0	0	0	0	100
Sheltered Care			0	0	0	0	0
TOTALS	0	100	0	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	160
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	87	0	87
Race Unknown	0	0	0	0	0
Total	0	0	100	0	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	100	0	100

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	62.00
Other Health Staff	18.00
Non-Health Staff	2.00
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%	95.3%	3.0%	0.0%	1.7%	100.0%		0.0%
0	5,602,183	176,944	0	101,154	5,880,282	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790
Health Service Area 004 Planning Service Area 075

Administrator
Sharyl Bailey-Light

Contact Person and Telephone
Sharyl Light

Date Completed
6/2/2008

Registered Agent Information
Stephen O. Leurck
200 Fairman

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	33
Total Admissions 2007	44
Total Discharges 2007	43
Residents on 12/31/2007	34

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2212	17.3%	0	0.0%	9285	11497	71.6%	90.0%
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	2212	17.3%	0	0.0%	9285	11497	71.6%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	6	0	0	0	0	0	0	2	6	8
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	7	27	0	0	0	0	0	0	7	27	34

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790
Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	28	0	34
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
TOTALS	6	0	0	0	28	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	2.00
Non-Health Staff	1.00
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
44.0%	14.9%	3.1%	28.1%	9.9%	100.0%		0.9%
17,740,678	5,998,730	1,261,943	11,357,487	4,001,202	40,360,040	350,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JACKSON SQUARE NRG & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832
Health Service Area 006 Planning Service Area 602

Administrator
Connie Ortega

Contact Person and Telephone
Connie Ortega
773-921-8000

Date Completed
7/15/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	18
Endocrine/Metabolic	17
Blood Disorders	10
*Nervous System Non Alzheimer	35
Alzheimer Disease	37
Mental Illness	5
Developmental Disability	1
Circulatory System	45
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	10
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	208

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	234	234	234	234	208	26	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	234	234	234	234	208	26	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	208
Total Admissions 2007	176
Total Discharges 2007	176
Residents on 12/31/2007	208

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10234	0.0%	45864	0.0%	5075	61173	71.6%	71.6%
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%
TOTALS	10234	0.0%	45864	0.0%	5075	61173	71.6%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	23	13	0	0	0	0	0	0	23	13	36
60 to 64	12	26	0	0	0	0	0	0	12	26	38
65 to 74	24	15	0	0	0	0	0	0	24	15	39
75 to 84	22	24	0	0	0	0	0	0	22	24	46
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	96	112	0	0	0	0	0	0	96	112	208

JACKSON SQUARE NRG & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832
Health Service Area 006 Planning Service Area 602

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	179	0	2	3	0	208
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
TOTALS	24	179	0	2	3	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	204	0	0	0	204
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	1	0	0	0	1
Total	208	0	0	0	208

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	28.00
Certified Aides	81.00
Other Health Staff	14.00
Non-Health Staff	33.00
Totals	170.00

NET REVENUE BY PAYOR 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%	62.7%	0.0%	0.0%	2.8%	100.0%		0.0%
4,279,600	7,759,973	0	0	345,326	12,384,899	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JACKSONVILLE CONVALESCENT CTR
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004840
Health Service Area 003 Planning Service Area 137

Administrator
Gina R. Graham

Contact Person and Telephone
Gina R. Graham
217-243-6451

Date Completed
5/6/2008

Registered Agent Information
Jerry Jennings
2653 W. Lawrence Ave., Suite B

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	88	88	76	12	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	88	88	76	12	27	88

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	63
Total Discharges 2007	53
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3861	39.2%	14480	45.1%	7682	26023	81.0%	81.0%
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	3861	39.2%	14480	45.1%	7682	26023	81.0%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	1	8	9
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	23	53	0	0	0	0	0	0	23	53	76

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

JACKSONVILLE CONVALESCENT CTR
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004840
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	11	41	0	0	24	0	76
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
TOTALS	11	41	0	0	24	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	11.00
Registered Nurses	1.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	7.00
Non-Health Staff	22.00
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
40.2%	33.7%	0.0%	0.0%	26.1%	100.0%		0.0%
1,312,411	1,098,652	0	0	851,000	3,262,063	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Anna Brackenbush

Contact Person and Telephone

217-423-4450

Date Completed
4/21/2008

Registered Agent Information
Alfred Kreckman
908 N. Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5408	92.6%	106	5514	94.4%	94.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5408	92.6%	106	5514	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	3	1	4
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	3	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	4	0	0	12	4	16

JAMES R. THOMPSON HOUSE
805 EAST JOHNS STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6004873
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	8.88
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	10.75

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%	86.6%	0.0%	0.0%	13.4%	100.0%		0.0%
0	557,440	0	0	86,536	643,976	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Reference Numbers Facility ID 6004899
Health Service Area 008 Planning Service Area 089

Administrator

Contact Person and Telephone
DAVID F. SCARPETTA
630-897-6947

Date Completed
5/20/2008

Registered Agent Information
James E. Cheatham
6 S 487 Densmore Rd.

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	8
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	21
Developmental Disability	0
Circulatory System	10
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	42
TOTALS	129

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	48	60	48	12	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	103	103	84	103	81	22		
TOTAL BEDS	163	163	132	163	129	34	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	78
Total Discharges 2007	40
Residents on 12/31/2007	129

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	17520	17520	80.0%	80.0%
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					22166	22166	59.0%	59.0%
TOTALS	0	0.0%	0	0.0%	39686	39686	66.7%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	2	2
60 to 64	0	0	0	0	0	0	3	0	3	0	3
65 to 74	0	0	0	0	0	0	3	4	3	4	7
75 to 84	4	6	0	0	0	0	7	4	11	10	21
85+	4	33	0	0	0	0	18	41	22	74	96
TOTALS	8	40	0	0	0	0	31	50	39	90	129

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Reference Numbers Facility ID 6004899
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	0	0	47	1	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	81	0	81
TOTALS	0	0	0	0	128	1	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	36	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	80	128
Race Unknown	0	0	0	0	0
Total	48	0	0	81	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	81	129
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	81	129

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	25.00
Other Health Staff	14.00
Non-Health Staff	27.00
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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		2.0%
0	0	0	0	2,790,175	2,790,175	55,272	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312
Health Service Area 003 Planning Service Area 083

Administrator
Dana Seymour

Contact Person and Telephone
Dana Seymour
618-498-6441

Date Completed
4/15/2008

Registered Agent Information
Ron Wilson
285 S Farnham

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	40
Mental Illness	5
Developmental Disability	0
Circulatory System	16
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	92	92	86	6	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	86	6	92	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	96
Total Discharges 2007	103
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3958	11.8%	14609	43.5%	12928	31495	93.8%	93.8%
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	3958	11.8%	14609	43.5%	12928	31495	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	18	68	0	0	0	0	0	0	18	68	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312
Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	34	0	0	39	0	86
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
TOTALS	13	34	0	0	39	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
38.3%	28.8%	0.0%	0.0%	32.8%	100.0%		0.7%
1,702,114	1,280,041	0	0	1,456,811	4,438,968	29,041	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Terrie Weible

Contact Person and Telephone
Terrie Weible
618-498-6496

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	8
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	19
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	101	101	101	101	99	2	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	101	101	99	2	101	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	104
Total Discharges 2007	100
Residents on 12/31/2007	99

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7909	21.5%	14925	40.5%	12130	34964	94.8%	94.8%
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	7909	21.5%	14925	40.5%	12130	34964	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	8	0	0	0	0	0	0	6	8	14
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	15	33	0	0	0	0	0	0	15	33	48
TOTALS	35	64	0	0	0	0	0	0	35	64	99

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

JERSEYVILLE NSG & REHAB CENTER
1001 SOUTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6004907
Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	40	0	0	40	0	99
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
TOTALS	19	40	0	0	40	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	11.00
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
56.2%	22.1%	0.0%	0.0%	21.7%	100.0%		0.0%
3,441,329	1,351,726	0	0	1,324,979	6,118,034	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JOHN C PROCTOR ENDOWMENT HOME
2724 WEST RESERVOIR
PEORIA, IL. 61615

Reference Numbers Facility ID 6007611
Health Service Area 002 Planning Service Area 143

Administrator
John G. Sahn

Contact Person and Telephone
John G. Sahn
309-685-6580

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable 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	21
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	2
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	59	59	56	59	53	6	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	53	6	59	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	95
Total Discharges 2007	86
Residents on 12/31/2007	53

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	17840	17840	82.8%	82.8%
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	0	0.0%	0	0.0%	17840	17840	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	2	10	12
85+	12	28	0	0	0	0	0	0	12	28	40
TOTALS	14	39	0	0	0	0	0	0	14	39	53

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

JOHN C PROCTOR ENDOWMENT HOME
2724 WEST RESERVOIR
PEORIA, IL. 61615

Reference Numbers Facility ID 6007611
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	53	0	53
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
TOTALS	0	0	0	0	53	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.60
LPN's	7.20
Certified Aides	22.60
Other Health Staff	7.60
Non-Health Staff	9.30
Totals	54.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	4,103,874	4,103,874	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Joliet Terrace
2230 McDonough
JOLIET, IL. 60436

Reference Numbers Facility ID 6004964
Health Service Area 009 Planning Service Area 197

Administrator
Janet Cantelo

Contact Person and Telephone
Janet Cantelo
815-729-3801

Date Completed
5/1/2008

Registered Agent Information
Avrum Weinfeld
6865 N. Lincolnwood Avenue

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
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	13
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	50
Developmental Disability	7
Circulatory System	12
Respiratory System	21
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	115	5	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	115	5	0	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	94
Total Discharges 2007	96
Residents on 12/31/2007	115

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	42018	95.9%	619	42637	97.3%	97.3%
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%
TOTALS	0	0.0%	42018	95.9%	619	42637	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	9	0	0	0	0	0	0	23	9	32
45 to 59	24	25	0	0	0	0	0	0	24	25	49
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	63	52	0	0	0	0	0	0	63	52	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Joliet Terrace
2230 McDonough
JOLIET, IL. 60436

Reference Numbers Facility ID 6004964
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	1	0	115
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
TOTALS	0	114	0	0	1	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

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	30.00
Other Health Staff	5.00
Non-Health Staff	38.00
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%	98.2%	0.0%	0.0%	1.8%	100.0%		0.0%
0	3,738,663	0	0	70,448	3,809,111	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JONESBORO REHABILITATION AND HEALTH CAR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Reference Numbers Facility ID 6005433
Health Service Area 005 Planning Service Area 181

Administrator
Kimberly Welton

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	77	76	73	76	59	18	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	73	76	59	18	19	77

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	73
Total Discharges 2007	84
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2877	41.5%	16924	60.2%	3410	23211	82.6%	83.7%
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	2877	41.5%	16924	60.2%	3410	23211	82.6%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	0	0	0	0	2	1	3
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	14	45	0	0	0	0	0	0	14	45	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JONESBORO REHABILITATION AND HEALTH CAR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Reference Numbers Facility ID 6005433
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	3	48	0	0	8	0	59
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
TOTALS	3	48	0	0	8	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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
39.0%	50.6%	0.0%	0.0%	10.4%	100.0%		0.0%
1,116,434	1,448,968	0	0	298,353	2,863,755	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058
Health Service Area 005 Planning Service Area 189

Administrator
Jeanette M. Haege

Contact Person and Telephone
Jeanette Haege
618-493-6071

Date Completed
4/14/2008

Registered Agent Information
Vince Everson
2020 West War Memorial Drive Suite 103

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4990	85.4%	0	4990	85.4%	85.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4990	85.4%	0	4990	85.4%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	6	5	11
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

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058
Health Service Area 005 Planning Service Area 189

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		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	129	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
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%		0.0%
0	603,839	0	0	0	603,839	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	226
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.09
LPN's	0.00
Certified Aides	4.11
Other Health Staff	0.25
Non-Health Staff	0.64
Totals	5.34

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	91.7%	0.0%	0.0%	8.3%	100.0%		0.0%
0	297,709	0	0	26,897	324,607	0	

KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6004972
Health Service Area 009 Planning Service Area 091

Administrator
Randy LeBeau

Contact Person and Telephone
Randy LeBeau
(815) 939-0910

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	146
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	146

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	146	146	146	146	146	0	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	146	146	146	0	146	146

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	146
Total Admissions 2007	62
Total Discharges 2007	62
Residents on 12/31/2007	146

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	46244	86.8%	2121	48365	90.8%	90.8%
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	0	0.0%	46244	86.8%	2121	48365	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	19	0	0	0	0	0	0	23	19	42
45 to 59	60	27	0	0	0	0	0	0	60	27	87
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	92	54	0	0	0	0	0	0	92	54	146

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6004972
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	139	5	0	2	0	146
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
TOTALS	0	139	5	0	2	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	16.00
Non-Health Staff	22.00
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%	95.3%	2.5%	0.0%	2.2%	100.0%		0.0%
0	4,977,250	133,204	0	114,931	5,225,385	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270
Health Service Area 002 Planning Service Area 099

Administrator
Bobbie Camacho

Contact Person and Telephone
Bobbie Camacho
815-434-4443

Date Completed
5/10/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4622	84.4%	0	4622	79.1%	79.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4622	84.4%	0	4622	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	7	7	0	0	7	7	14

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.29
Other Health Staff	0.74
Non-Health Staff	2.07
Totals	9.35

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
0.0%	91.5%	0.0%	0.0%	8.5%	100.0%		0.0%
0	621,938	0	0	57,596	679,535	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KATHERINE SHAW BETHEA HOSPITAL
403 EAST FIRST STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6013338
Health Service Area 001 Planning Service Area 103

Administrator
Darryl Vandervort

Contact Person and Telephone
Susan Donnelly
815-285-5649

Date Completed
4/2/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	15	15	0	0	0	15	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	0	15	15	0	0	0	15	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	10
Total Admissions 2007	94
Total Discharges 2007	104
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	714	13.0%	0	0.0%	111	825	0.0%	15.1%
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%
TOTALS	714	13.0%	0	0.0%	111	825	#Div/0!	15.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KATHERINE SHAW BETHEA HOSPITAL
403 EAST FIRST STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6013338
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
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
TOTALS	0	0	0	0	0	0	0

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

FACILITY NOTES

06-075 2/21/2007 Permit issued to discontinue 15 bed Skilled Nursing (LTC) unit and to establish Acute Care Beds Utilized for Long-Term Care (Swing Bed) Category of Service.

KENWOOD HealthCare Center
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003
Health Service Area 006 Planning Service Area 603

Administrator
Sonia Towns

Contact Person and Telephone

847-982-2300

Date Completed
5/5/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	20
Mental Illness	60
Developmental Disability	1
Circulatory System	40
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	21
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	221

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	318	318	229	318	221	97	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	318	229	318	221	97	64	318

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	172
Total Admissions 2007	266
Total Discharges 2007	217
Residents on 12/31/2007	221

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3930	16.8%	69756	60.1%	1318	75004	64.6%	64.6%
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%
TOTALS	3930	16.8%	69756	60.1%	1318	75004	64.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	19	0	0	0	0	0	0	31	19	50
45 to 59	39	16	0	0	0	0	0	0	39	16	55
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	19	11	0	0	0	0	0	0	19	11	30
75 to 84	13	26	0	0	0	0	0	0	13	26	39
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	118	103	0	0	0	0	0	0	118	103	221

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KENWOOD HealthCare Center
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003
Health Service Area 006 Planning Service Area 603

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	209	2	0	3	0	221
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
TOTALS	7	209	2	0	3	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	202	0	0	0	202
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	221	0	0	0	221

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	218	0	0	0	218
Ethnicity Unknown	0	0	0	0	0
Total	221	0	0	0	221

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	2.00
LPN's	17.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	89.00
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
16.9%	79.5%	0.5%	0.0%	3.1%	100.0%		0.0%
1,661,281	7,819,185	50,867	0	307,037	9,838,370	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920
Health Service Area 003 Planning Service Area 013

Administrator
Annette Whitlock

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5681	97.3%	90	5771	98.8%	98.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5681	97.3%	90	5771	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	7
45 to 59	0	0	0	0	1	6	0	0	1	6	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	4	12	0	0	4	12	16

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920
Health Service Area 003 Planning Service Area 013

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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.75
Non-Health Staff	1.80
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%	82.3%	0.0%	0.0%	17.7%	100.0%		0.0%
0	551,074	0	0	118,885	669,959	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KEWANEE CARE HOME
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011
Health Service Area 010 Planning Service Area 073

Administrator
Nat Smith

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	84	84	76	8	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	84	84	76	8	27	84

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	137
Total Discharges 2007	144
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2928	29.7%	16036	52.3%	8522	27486	89.6%	89.6%
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%
TOTALS	2928	29.7%	16036	52.3%	8522	27486	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	3	13	0	0	0	0	0	0	3	13	16
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	17	59	0	0	0	0	0	0	17	59	76

KEWANEE CARE HOME
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011
Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	41	0	0	25	0	76
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
TOTALS	10	41	0	0	25	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.65
Certified Aides	24.35
Other Health Staff	2.50
Non-Health Staff	22.00
Totals	62.50

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
27.7%	44.2%	0.0%	0.0%	28.1%	100.0%		0.0%
949,063	1,514,265	0	0	961,354	3,424,682	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Kilker-Pine Acres Group Home
922 Washington Avenue
DIXON, IL. 61021

Reference Numbers Facility ID 6007405
Health Service Area 001 Planning Service Area 103

Administrator
Connie Foster

Contact Person and Telephone
Connie Foster
815-288-6691 ext. 295

Date Completed
4/28/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	10	10	10	10	10	0		10
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	10	10	10	10	10	0	0	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	10
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	10

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			3552	97.3%	0	3552	97.3%	97.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	3552	97.3%	0	3552	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	4	0	0	6	4	10

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Kilker-Pine Acres Group Home
922 Washington Avenue
DIXON, IL. 61021

Reference Numbers Facility ID 6007405
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	129	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.70
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	7.45

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%	10.7%	88.7%	0.0%	0.7%	100.0%		0.0%
0	45,480	377,609	0	2,859	425,948	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KING HOME
1555 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6004865
Health Service Area 007 Planning Service Area 702

Administrator
David Benni

Contact Person and Telephone
Sue Halstead
847-866-2120

Date Completed
5/6/2008

Registered Agent Information
Peter Mulvey
3200 Grant St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	18	17	17	17	15	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	90	55	47	55	45	45		
TOTAL BEDS	108	72	64	72	60	48	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	60
Total Admissions 2007	8
Total Discharges 2007	8
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	5351	5351	81.4%	86.2%
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					15900	15900	48.4%	79.2%
TOTALS	0	0.0%	0	0.0%	21251	21251	53.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	3	0	3
75 to 84	4	0	0	0	0	0	24	0	28	0	28
85+	11	0	0	0	0	0	18	0	29	0	29
TOTALS	15	0	0	0	0	0	45	0	60	0	60

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KING HOME
1555 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6004865
Health Service Area 007 Planning Service Area 702

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	14	1	15
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	36	9	45
TOTALS	0	0	0	0	50	10	60

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	44	58
Race Unknown	0	0	0	0	0
Total	15	0	0	45	60

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	15	0	0	45	60
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	45	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.00
Certified Aides	9.40
Other Health Staff	0.00
Non-Health Staff	34.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	2,976,336	2,976,336	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
630-323-2250

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	48
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	48	1	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	76	62	62	62	52	24		
TOTAL BEDS	125	111	111	111	100	25	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	103
Total Admissions 2007	34
Total Discharges 2007	37
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	17520	17520	98.0%	98.0%
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					18980	18980	68.4%	83.9%
TOTALS	0	0.0%	0	0.0%	36500	36500	80.0%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
75 to 84	8	7	0	0	0	0	7	13	15	20	35
85+	6	24	0	0	0	0	2	30	8	54	62
TOTALS	17	31	0	0	0	0	9	43	26	74	100

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	38	10	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	43	9	52
TOTALS	0	0	0	0	81	19	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	113	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	52	100
Race Unknown	0	0	0	0	0
Total	48	0	0	52	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	48	0	0	52	100
Total	48	0	0	52	100

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	3.00
Certified Aides	40.00
Other Health Staff	1.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	6,347,689	6,347,689	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID 6005052
Health Service Area 006 Planning Service Area 603

Administrator
Paulette Stallworth

Contact Person and Telephone
Paulette Stallworth
773-602-2660

Date Completed
5/23/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5149	94.0%	0	5149	94.0%	94.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5149	94.0%	0	5149	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	0	5	0	5
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	15	0	0	0	15	0	15

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID 6005052
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	123	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
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%	90.0%	9.9%	0.0%	0.1%	100.0%		0.0%
0	571,631	62,851	0	782	635,264	0	

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
Marianne Wiesen

Contact Person and Telephone
Marianne Wiesen
309-289-2338

Date Completed
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	1
Circulatory System	41
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	154	154	124	154	116	38	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	124	154	116	38	154	154

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	114
Total Admissions 2007	54
Total Discharges 2007	52
Residents on 12/31/2007	116

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3445	6.1%	32265	57.4%	9880	45590	81.1%	81.1%
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%
TOTALS	3445	6.1%	32265	57.4%	9880	45590	81.1%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	6	7	0	0	0	0	0	0	6	7	13
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	30	86	0	0	0	0	0	0	30	86	116

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KNOX COUNTY NURSING HOME
800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6005060
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	81	0	1	28	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
TOTALS	6	81	0	1	28	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	15.00
Certified Aides	38.00
Other Health Staff	8.00
Non-Health Staff	28.00
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
17.9%	56.3%	0.0%	1.4%	24.4%	100.0%		0.0%
1,075,006	3,374,076	0	82,410	1,463,911	5,995,404	0	

FACILITY NOTES

Bed Change 8/1/2007 Facility discontinued 50 General Nursing beds. Facility now has 154 General Nursing beds.

KNOX ESTATES
P.O. BOX 706 ENGLE DRIVE
STREATOR, IL. 61364

Reference Numbers Facility ID 6005078
Health Service Area 002 Planning Service Area 099

Administrator
Julie A. Carstens, LNHA

Contact Person and Telephone
Julie A. Carstens
815-672-7611

Registered Agent Information

Date Completed
5/5/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5723	98.0%	0	5723	98.0%	98.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5723	98.0%	0	5723	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

KNOX ESTATES
P.O. BOX 706 ENGLE DRIVE
STREATOR, IL. 61364

Reference Numbers Facility ID 6005078
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
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%	80.0%	4.2%	0.0%	15.8%	100.0%		0.0%
0	560,712	29,749	0	110,501	700,962	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Don Pippins

Contact Person and Telephone
Diana Alley
618-697-1142

Date Completed
6/2/2008

Registered Agent Information
John S. Rendleman
2001 West Main, Suite 101, PO Box 1570

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5512	94.4%	0	5512	94.4%	94.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5512	94.4%	0	5512	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	3	0	0	0	3	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

KRYPTON
502 WEST 8TH STREET P.O. 709
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6005110
Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	103	94
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	1.00
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%	85.6%	12.7%	0.0%	1.7%	100.0%		0.0%
0	443,251	65,496	0	8,963	517,710	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	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	2	0	0	4	2	6

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013767
Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.25
Non-Health Staff	1.00
Totals	7.80

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%	0.0%	0.0%	12.5%	100.0%		0.0%
0	327,931	0	0	46,766	374,697	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lisa Trego

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	45	45	36	45	32	13	0	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	45	45	36	45	32	13	0	47

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	33
Total Admissions 2007	11
Total Discharges 2007	12
Residents on 12/31/2007	32

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8782	51.2%	23880	32662	198.9%	198.9%
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	0	0.0%	8782	51.2%	23880	32662	198.9%	198.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	4	1	5
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	7	25	0	0	0	0	0	0	7	25	32

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	22	0	0	10	0	32
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
TOTALS	0	22	0	0	10	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
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
0.0%	57.0%	0.0%	0.0%	43.0%	100.0%		0.0%
0	586,363	0	0	441,858	1,028,221	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKE COOK TERRACE NURSING CTR
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412
Health Service Area 007 Planning Service Area 702

Administrator

Contact Person and Telephone
Shelley martinez
847-564-0505

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	19
Blood Disorders	3
*Nervous System Non Alzheimer	19
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	9
Circulatory System	13
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	0
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	134	134	133	134	126	8	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	133	134	126	8	83	134

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	126
Total Admissions 2007	430
Total Discharges 2007	430
Residents on 12/31/2007	126

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3366	11.1%	40401	82.6%	2337	46104	94.3%	94.3%
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%
TOTALS	3366	11.1%	40401	82.6%	2337	46104	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	21	0	0	0	0	0	0	17	21	38
60 to 64	10	12	0	0	0	0	0	0	10	12	22
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	15	11	0	0	0	0	0	0	15	11	26
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	60	66	0	0	0	0	0	0	60	66	126

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKE COOK TERRACE NURSING CTR
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412
Health Service Area 007 Planning Service Area 702

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	112	2	0	6	0	126
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
TOTALS	6	112	2	0	6	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

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	47.00
Other Health Staff	5.00
Non-Health Staff	50.00
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
20.9%	73.9%	0.8%	0.0%	4.5%	100.0%		0.0%
1,329,031	4,691,575	48,729	0	283,233	6,352,568	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKE FOREST HOSP-WESTMORELAND
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097

Administrator
na

Contact Person and Telephone
Karen Forchette
847-535-6746

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NO DESCRIPTION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	88	74	88	73	25	12	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	98	88	74	88	73	25	12	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	823
Total Discharges 2007	802
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5375	122.7%	0	0.0%	19148	24523	68.6%	76.3%
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%
TOTALS	5375	122.7%	0	0.0%	19148	24523	68.6%	76.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	14	30	0	0	0	0	0	0	14	30	44
TOTALS	24	49	0	0	0	0	0	0	24	49	73

LAKE FOREST HOSP-WESTMORELAND
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	1	53	0	73
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
TOTALS	19	0	0	1	53	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.20
LPN's	1.40
Certified Aides	26.90
Other Health Staff	7.00
Non-Health Staff	1.35
Totals	53.85

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKE FOREST PLACE
1100 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

Administrator
Kathleen T. Young

Contact Person and Telephone
Kathleen T. Young
847-604-6701

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
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	7
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	63	63	63	63	57	6	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	63	63	63	57	6	63	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	635
Total Discharges 2007	632
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4687	20.4%	0	0.0%	15145	19832	86.2%	86.2%
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%
TOTALS	4687	20.4%	0	0.0%	15145	19832	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	14	43	0	0	0	0	0	0	14	43	57

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKE FOREST PLACE
1100 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

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	0	41	0	57
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
TOTALS	16	0	0	0	41	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	341	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	14.50
LPN's	4.50
Certified Aides	27.00
Other Health Staff	2.64
Non-Health Staff	9.19
Totals	60.23

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
7.4%	0.0%	0.0%	0.0%	92.6%	100.0%		0.2%
1,538,279	0	0	0	19,142,491	20,680,770	46,618	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lynda Bogdala
847-623-9100

Date Completed
5/8/2008

Registered Agent Information
Morris Esformes
6865 N. Lincoln Ave

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

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	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	207

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	210	210	210	210	207	3	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	210	210	207	3	0	210

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	208
Total Admissions 2007	109
Total Discharges 2007	110
Residents on 12/31/2007	207

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	74687	97.4%	1460	76147	99.3%	99.3%
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%
TOTALS	0	0.0%	74687	97.4%	1460	76147	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	50	26	0	0	0	0	0	0	50	26	76
45 to 59	63	29	0	0	0	0	0	0	63	29	92
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	11	2	0	0	0	0	0	0	11	2	13
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	141	66	0	0	0	0	0	0	141	66	207

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKE PARK CENTER
919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009807
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	203	3	0	1	0	207
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
TOTALS	0	203	3	0	1	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	1	0	0	0	1
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

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	34.00
Other Health Staff	2.00
Non-Health Staff	45.00
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%	96.7%	1.7%	0.0%	1.6%	100.0%		0.0%
0	7,653,763	134,619	0	128,400	7,916,782	0	

LAKE SHORE HEALTH CARE
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005177
Health Service Area 006 Planning Service Area 601

Administrator
James Farlee

Contact Person and Telephone
Joanne Ventrella
773-973-7200

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Endocrine/Metabolic	21
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	17
Mental Illness	18
Developmental Disability	1
Circulatory System	47
Respiratory System	23
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	7
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	213

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	313	306	213	306	213	100	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	306	213	306	213	100	313	313

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	223
Total Admissions 2007	245
Total Discharges 2007	255
Residents on 12/31/2007	213

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13123	11.5%	48576	42.5%	16046	77745	68.1%	69.6%
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%
TOTALS	13123	11.5%	48576	42.5%	16046	77745	68.1%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	19	20	0	0	0	0	0	0	19	20	39
60 to 64	14	12	0	0	0	0	0	0	14	12	26
65 to 74	22	28	0	0	0	0	0	0	22	28	50
75 to 84	26	28	0	0	0	0	0	0	26	28	54
85+	12	23	0	0	0	0	0	0	12	23	35
TOTALS	97	116	0	0	0	0	0	0	97	116	213

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKE SHORE HEALTH CARE
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005177
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	139	18	7	11	0	213
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
TOTALS	38	139	18	7	11	0	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	30	0	0	0	30
Amer. Indian	1	0	0	0	1
Black	76	0	0	0	76
Hawaiian/Pac. Isl.	1	0	0	0	1
White	92	0	0	0	92
Race Unknown	13	0	0	0	13
Total	213	0	0	0	213

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	213	0	0	0	213

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	17.00
Certified Aides	86.00
Other Health Staff	14.00
Non-Health Staff	53.00
Totals	211.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
42.5%	50.3%	1.1%	1.0%	5.1%	100.0%		0.0%
6,460,008	7,656,055	165,616	156,068	774,317	15,212,064	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Quinn Corcoran

Contact Person and Telephone
Quinn Corcoran
773-743-7711

Date Completed
7/11/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	78
Developmental Disability	0
Circulatory System	1
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	85

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	90	99	85	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	99	99	90	99	85	14	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	87
Total Admissions 2007	234
Total Discharges 2007	236
Residents on 12/31/2007	85

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3261	0.0%	28414	0.0%	1148	32823	90.8%	90.8%
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	3261	0.0%	28414	0.0%	1148	32823	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	8	3	11
45 to 59	17	8	0	0	0	0	0	0	17	8	25
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	8	3	0	0	0	0	0	0	8	3	11
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	52	33	0	0	0	0	0	0	52	33	85

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKEFRONT NURSING & REHAB CENTER
7618 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005169
Health Service Area 006 Planning Service Area 601

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	74	2	0	1	0	85
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
TOTALS	8	74	2	0	1	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	3.00
Non-Health Staff	30.00
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
25.9%	70.7%	1.6%	0.8%	1.0%	100.0%		0.0%
1,131,141	3,088,763	70,671	34,101	43,360	4,368,036	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKELAND REHAB & HCC
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185
Health Service Area 005 Planning Service Area 049

Administrator
Stephen Hopkins

Contact Person and Telephone
Susan Watson
217-342-2171

Date Completed
4/30/2008

Registered Agent Information
Daniel Maher
926 S. 7th St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	23
Mental Illness	17
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	141	123	116	123	109	32	141	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	123	116	123	109	32	141	141

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	249
Total Discharges 2007	251
Residents on 12/31/2007	109

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6980	13.6%	18952	36.8%	14389	40321	78.3%	89.8%
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	6980	13.6%	18952	36.8%	14389	40321	78.3%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	8	40	0	0	0	0	0	0	8	40	48
TOTALS	28	81	0	0	0	0	0	0	28	81	109

LAKELAND REHAB & HCC
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	53	0	1	40	0	109
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
TOTALS	15	53	0	1	40	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	109	0	0	0	109
Total	109	0	0	0	109

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	25.00
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
42.7%	26.5%	0.0%	0.2%	30.7%	100.0%		0.0%
2,477,387	1,538,486	0	10,427	1,780,586	5,806,886	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKEVIEW LIVING CENTER
7270 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009021
Health Service Area 006 Planning Service Area 603

Administrator
Rhonda Rowry

Contact Person and Telephone
John Mirecki
773-721-7700

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	76
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	145	145	92	145	76	69		145
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	92	145	76	69	0	145

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	0
Total Discharges 2007	16
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			32801	62.0%	365	33166	62.7%	62.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	32801	62.0%	365	33166	62.7%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	31	10	0	0	31	10	41
45 to 59	0	0	0	0	21	3	0	0	21	3	24
60 to 64	0	0	0	0	4	1	0	0	4	1	5
65 to 74	0	0	0	0	6	0	0	0	6	0	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	62	14	0	0	62	14	76

LAKEVIEW LIVING CENTER
7270 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009021
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		75	0	0	1	0	76
Sheltered Care			0	0	0	0	0
TOTALS	0	75	0	0	1	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	141	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	57	0	57
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	8	0	8
Total	0	0	76	0	76

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	68	0	68
Ethnicity Unknown	0	0	0	0	0
Total	0	0	76	0	76

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	0.00
Other Health Staff	51.00
Non-Health Staff	20.00
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
0.0%	98.9%	0.0%	0.0%	1.1%	100.0%		0.0%
0	4,457,896	0	0	48,516	4,506,412	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKEVIEW NURSING & REHAB
735 WEST DIVERSEY
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005227
Health Service Area 006 Planning Service Area 602

Administrator
Michael Elkes

Contact Person and Telephone
Michael Elkes
773-348-4055

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	16
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	3
Circulatory System	97
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	155

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	178	155	155	23	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	178	155	155	23	178	178

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	163
Total Admissions 2007	873
Total Discharges 2007	881
Residents on 12/31/2007	155

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11382	17.5%	38777	59.7%	7623	57782	88.9%	88.9%
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	11382	17.5%	38777	59.7%	7623	57782	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	4	0	0	0	0	0	0	5	4	9
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	25	21	0	0	0	0	0	0	25	21	46
75 to 84	26	33	0	0	0	0	0	0	26	33	59
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	69	86	0	0	0	0	0	0	69	86	155

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKEVIEW NURSING & REHAB
735 WEST DIVERSEY
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005227
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	104	0	3	20	0	155
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
TOTALS	28	104	0	3	20	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	2	0	0	0	2
Black	54	0	0	0	54
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	8	0	0	0	8
Total	155	0	0	0	155

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	155	0	0	0	155

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	15.00
Certified Aides	60.00
Other Health Staff	9.00
Non-Health Staff	61.00
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
40.2%	43.8%	0.0%	8.0%	7.9%	100.0%		0.0%
4,655,065	5,075,390	0	928,972	917,027	11,576,454	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKEWOOD NRSG & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

Administrator
Patti Long

Contact Person and Telephone
Patti Long
815-436-3400

Date Completed
5/18/2008

Registered Agent Information

EVANSTON, IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	89
Non-Medical Conditions	11
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	131	131	118	131	117	14	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	118	131	117	14	131	131

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	339
Total Discharges 2007	321
Residents on 12/31/2007	117

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9258	19.4%	15073	31.5%	15536	39867	83.4%	83.4%
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%
TOTALS	9258	19.4%	15073	31.5%	15536	39867	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	4	66	0	0	0	0	0	0	4	66	70
TOTALS	18	99	0	0	0	0	0	0	18	99	117

LAKEWOOD NRSG & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	43	0	1	44	0	117
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
TOTALS	29	43	0	1	44	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	42.00
Other Health Staff	7.00
Non-Health Staff	35.00
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
37.8%	25.8%	0.0%	31.8%	4.5%	100.0%		0.0%
2,532,939	1,724,704	0	2,131,623	304,269	6,693,535	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAKEWOOD SENIOR LIVING-MATTOON
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Reference Numbers Facility ID 6005888
Health Service Area 004 Planning Service Area 029

Administrator
Alma C. Boyer

Contact Person and Telephone
Carol Boyer
217-235-7138

Date Completed
4/10/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	11
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	148	107	75	107	72	76	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	107	75	107	72	76	148	148

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	59
Total Admissions 2007	186
Total Discharges 2007	173
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6247	11.6%	14022	26.0%	4783	25052	46.4%	64.1%
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%
TOTALS	6247	11.6%	14022	26.0%	4783	25052	46.4%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	5	21	0	0	0	0	0	0	5	21	26
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	19	53	0	0	0	0	0	0	19	53	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAKEWOOD SENIOR LIVING-MATTOON
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Reference Numbers Facility ID 6005888
Health Service Area 004 Planning Service Area 029

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	38	0	2	13	0	72
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
TOTALS	19	38	0	2	13	0	72

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	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
26.5%	55.2%	0.2%	0.5%	17.6%	100.0%		0.0%
828,222	1,725,300	6,823	16,682	549,979	3,127,006	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Adrienne Erickson

Contact Person and Telephone
Cathy Harvey
815-433-0476

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	22
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	95	99	95	4	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	95	99	95	4	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	70
Total Discharges 2007	49
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1401	0.0%	15839	43.8%	11987	29227	80.9%	80.9%
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	1401	0.0%	15839	43.8%	11987	29227	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	11	22	0	0	0	0	0	0	11	22	33
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	24	71	0	0	0	0	0	0	24	71	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LASALLE COUNTY NURSING HOME
1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Reference Numbers Facility ID 6005250
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	37	0	0	37	0	95
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
TOTALS	21	37	0	0	37	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	2.00
Non-Health Staff	25.00
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
5.6%	51.8%	11.0%	0.0%	31.6%	100.0%		0.0%
250,410	2,334,357	497,316	0	1,422,098	4,504,181	0	

FACILITY NOTES

Bed Change	6/15/2007	Discontinued 5 nursing care beds; facility now has 99 nursing care beds.

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LASALLE HEALTH CARE CENTER
1445 CHARTRES STREET
LASALLE, IL. 61301

Reference Numbers Facility ID 6001440
Health Service Area 002 Planning Service Area 099

Administrator
Lori Walsh

Contact Person and Telephone
Lori Walsh
815-223-4700

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	85

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	97	101	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	101	97	101	85	16	50	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	251
Total Discharges 2007	256
Residents on 12/31/2007	85

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6981	38.3%	21229	57.6%	4195	32405	87.9%	87.9%
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	6981	38.3%	21229	57.6%	4195	32405	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	6	38	0	0	0	0	0	0	6	38	44
TOTALS	19	66	0	0	0	0	0	0	19	66	85

LASALLE HEALTH CARE CENTER
1445 CHARTRES STREET
LASALLE, IL. 61301

Reference Numbers Facility ID 6001440
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	59	0	0	11	0	85
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
TOTALS	15	59	0	0	11	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	13.50
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
48.3%	35.9%	0.0%	0.0%	15.8%	100.0%		0.0%
2,284,947	1,699,810	0	0	748,279	4,733,036	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LAWRENCE COMMUNITY HEALTHCARE CENTER
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
Terri Frizzi
618-945-2091

Date Completed
4/8/2008

Registered Agent Information
James Stout
324 N. Main St.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	82	82	82	78	21	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	82	82	82	78	21	56	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	138
Total Discharges 2007	136
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4555	22.3%	14893	41.2%	9003	28451	78.7%	95.1%
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%
TOTALS	4555	22.3%	14893	41.2%	9003	28451	78.7%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	6	4	10
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	23	55	0	0	0	0	0	0	23	55	78

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LAWRENCE COMMUNITY HEALTHCARE CENTER
900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Reference Numbers Facility ID 6001150
Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	40	0	0	23	0	78
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
TOTALS	15	40	0	0	23	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.50
Certified Aides	41.00
Other Health Staff	2.00
Non-Health Staff	32.50
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
38.1%	38.6%	0.0%	0.0%	23.2%	100.0%		0.0%
1,503,217	1,523,639	0	0	915,919	3,942,775	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
5/1/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	4
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5440	93.2%	0	5440	93.2%	93.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5440	93.2%	0	5440	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	3	0	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	4	0	0	2	4	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	8	6	0	0	8	6	14

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011654
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.60
Non-Health Staff	2.00
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%	86.3%	0.0%	0.0%	13.7%	100.0%		0.0%
0	541,622	0	0	86,205	627,827	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID 6001044
Health Service Area 011 Planning Service Area 163

Administrator
Terri L Rumler

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/8/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	11
Developmental Disability	1
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	90	90	60	90	43	47	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	60	90	43	47	90	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	37
Total Discharges 2007	45
Residents on 12/31/2007	43

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	914	2.8%	12628	38.4%	5037	18579	56.6%	56.6%
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%
TOTALS	914	2.8%	12628	38.4%	5037	18579	56.6%	56.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	0	0	0	0	0	0	0	5	0	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	20	23	0	0	0	0	0	0	20	23	43

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID 6001044
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	31	0	0	12	0	43
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
TOTALS	0	31	0	0	12	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	12.00
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
19.9%	54.4%	0.0%	0.0%	25.8%	100.0%		0.0%
335,311	916,855	0	0	434,601	1,686,767	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Lebanon Terrace
221 East Third Street
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268
Health Service Area 011 Planning Service Area 163

Administrator
Catherine Brookshire

Contact Person and Telephone
Donna Jones
618-537-4133

Date Completed
4/16/2008

Registered Agent Information
CT Corporation Systerm
208 South LaSalle Street-Team 1 Suite 814

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5747	98.4%	0	5747	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5747	98.4%	0	5747	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	3	5	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Lebanon Terrace
221 East Third Street
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.50
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%	47.5%	0.0%	0.0%	52.5%	100.0%		0.0%
0	713,840	0	0	787,768	1,501,608	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEE COUNTY NURSING & REHAB CTR
800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6005276
Health Service Area 001 Planning Service Area 103

Administrator
Darlene Hansen

Contact Person and Telephone
Darlene Hansen
815-284-3393

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	23
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	22
Mental Illness	3
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	91	72	91	72	25	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	91	72	91	72	25	97	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	77
Total Discharges 2007	76
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2417	6.8%	14250	40.2%	9539	26206	74.0%	78.9%
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	2417	6.8%	14250	40.2%	9539	26206	74.0%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	4	18	0	0	0	0	0	0	4	18	22
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	18	54	0	0	0	0	0	0	18	54	72

LEE COUNTY NURSING & REHAB CTR
800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6005276
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	46	0	2	20	0	72
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
TOTALS	4	46	0	2	20	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	14.00
Non-Health Staff	7.00
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
23.6%	44.5%	0.0%	3.2%	28.8%	100.0%		0.0%
832,630	1,571,768	0	112,255	1,018,327	3,534,980	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	30
Mental Illness	11
Developmental Disability	1
Circulatory System	40
Respiratory System	22
Digestive System	10
Genitourinary System Disorders	17
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	26
TOTALS	207

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	262	260	228	260	207	55	260	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	262	260	228	260	207	55	260	260

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	217
Total Admissions 2007	225
Total Discharges 2007	235
Residents on 12/31/2007	207

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8296	8.7%	49012	51.6%	18893	76201	79.7%	80.3%
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%
TOTALS	8296	8.7%	49012	51.6%	18893	76201	79.7%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	6	7	13
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	12	27	0	0	0	0	0	0	12	27	39
75 to 84	20	45	0	0	0	0	0	0	20	45	65
85+	15	62	0	0	0	0	0	0	15	62	77
TOTALS	60	147	0	0	0	0	0	0	60	147	207

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEE MANOR
1301 LEE STREET
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6005284
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	127	0	1	56	0	207
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
TOTALS	23	127	0	1	56	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	197	0	0	0	197
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	8.00
Certified Aides	56.00
Other Health Staff	7.00
Non-Health Staff	73.00
Totals	172.00

NET REVENUE BY PAYOR 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%	49.6%	0.0%	0.5%	19.3%	100.0%		0.0%
3,616,281	5,870,277	0	58,594	2,280,802	11,825,954	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEMONT NRSG & 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
Wendy Janulis
630-243-0400

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	64
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	158	158	158	158	137	21	158	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	158	158	158	158	137	21	158	230

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	132
Total Admissions 2007	421
Total Discharges 2007	416
Residents on 12/31/2007	137

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15118	26.2%	21739	25.9%	14566	51423	89.2%	89.2%
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%
TOTALS	15118	26.2%	21739	25.9%	14566	51423	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	13	0	0	0	0	0	0	2	13	15
75 to 84	6	87	0	0	0	0	0	0	6	87	93
85+	3	25	0	0	0	0	0	0	3	25	28
TOTALS	12	125	0	0	0	0	0	0	12	125	137

LEMONT NRSG & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Reference Numbers Facility ID 6014492
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	63	0	3	40	0	137
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
TOTALS	31	63	0	3	40	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	12.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	5.00
Non-Health Staff	31.00
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
45.7%	27.0%	0.0%	1.3%	25.9%	100.0%		0.0%
4,432,222	2,615,790	0	128,689	2,511,862	9,688,563	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LENA LIVING CENTER, LLC
1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292
Health Service Area 001 Planning Service Area 177

Administrator
Robin LeMaster

Contact Person and Telephone
Barak Baver
773-202-0000

Date Completed
5/1/2008

Registered Agent Information
Paul Gilman
330 North Wabash Ave, Suite 3000

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	0
Digestive System	20
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	83	92	82	10	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	92	83	92	82	10	40	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	65
Total Admissions 2007	76
Total Discharges 2007	59
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1358	9.3%	7706	22.9%	17372	26436	78.7%	78.7%
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	1358	9.3%	7706	22.9%	17372	26436	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	12	39	0	0	0	0	0	0	12	39	51
TOTALS	21	61	0	0	0	0	0	0	21	61	82

LENA LIVING CENTER, LLC
1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	23	0	0	48	0	82
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
TOTALS	11	23	0	0	48	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

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	46.00
Other Health Staff	20.00
Non-Health Staff	24.00
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
10.1%	19.5%	0.0%	1.8%	68.6%	100.0%		0.0%
344,584	667,939	0	61,003	2,349,140	3,422,666	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEROY MANOR
509 BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID 6012157
Health Service Area 004 Planning Service Area 113

Administrator
Julia Smith

Contact Person and Telephone
Julia Smith
309-962-5000

Date Completed
5/2/2008

Registered Agent Information
J. Michael Bibo
285 South Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	13
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	11
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	87	96	82	14	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	87	96	82	14	96	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	62
Total Discharges 2007	60
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2570	7.3%	16042	45.8%	11582	30194	86.2%	86.2%
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%
TOTALS	2570	7.3%	16042	45.8%	11582	30194	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	5	7	12
75 to 84	5	23	0	0	0	0	0	0	5	23	28
85+	13	27	0	0	0	0	0	0	13	27	40
TOTALS	24	58	0	0	0	0	0	0	24	58	82

LEROY MANOR
509 BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID 6012157
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	44	0	0	32	0	82
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
TOTALS	6	44	0	0	32	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

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	29.00
Other Health Staff	2.00
Non-Health Staff	31.00
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
46.3%	34.9%	0.0%	0.0%	18.8%	100.0%		0.4%
1,850,011	1,394,514	0	0	753,561	3,998,087	14,868	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Diane Tebbe
618-465-0044

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	6	3	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	12	4	0	0	12	4	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	236	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	12.00
Non-Health Staff	0.40
Totals	13.18

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%	86.1%	13.7%	0.0%	0.2%	100.0%		0.0%
0	512,012	81,182	0	1,142	594,336	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEWIS MEMORIAL CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

Administrator
Sherry Gutermuth

Contact Person and Telephone
Brian Miller
217-787-9600

Registered Agent Information

Date Completed
5/2/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	57
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	46
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	155	155	150	5	155	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	155	155	155	155	150	5	155	149

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	134
Total Admissions 2007	634
Total Discharges 2007	618
Residents on 12/31/2007	150

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17434	30.8%	17939	33.0%	18673	54046	95.5%	95.5%
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	17434	30.8%	17939	33.0%	18673	54046	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	2	0	2
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	13	28	0	0	0	0	0	0	13	28	41
85+	15	74	0	0	0	0	0	0	15	74	89
TOTALS	35	115	0	0	0	0	0	0	35	115	150

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEWIS MEMORIAL CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	47	0	7	45	0	150
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
TOTALS	51	47	0	7	45	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	22	0	0	0	22
Total	150	0	0	0	150

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

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	60.00
Other Health Staff	8.00
Non-Health Staff	74.00
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
56.9%	13.7%	1.8%	3.0%	24.5%	100.0%		0.0%
6,278,794	1,513,965	199,910	333,082	2,704,352	11,030,106	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211
Health Service Area 008 Planning Service Area 097

Administrator
Desiree Mathews-Plonowski

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	255
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	1.55
Other Health Staff	0.08
Non-Health Staff	0.34
Totals	2.22

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
0.0%	91.4%	0.0%	0.0%	8.6%	100.0%		0.0%
0	333,512	0	0	31,539	365,051	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEXINGTON HEALTH CARE CENTER
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Conniff

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	60
Injuries and Poisonings	2
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	126

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	144	150	126	24	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	126	24	150	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	138
Total Admissions 2007	312
Total Discharges 2007	324
Residents on 12/31/2007	126

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6406	11.7%	28351	51.8%	14499	49256	90.0%	90.0%
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	6406	11.7%	28351	51.8%	14499	49256	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	8	0	0	0	0	0	0	1	8	9
75 to 84	2	28	0	0	0	0	0	0	2	28	30
85+	8	77	0	0	0	0	0	0	8	77	85
TOTALS	11	115	0	0	0	0	0	0	11	115	126

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON HEALTH CARE CENTER
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	66	0	33	0	0	126
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
TOTALS	27	66	0	33	0	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	42.00
Other Health Staff	2.00
Non-Health Staff	56.00
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
30.5%	41.6%	0.0%	0.4%	27.5%	100.0%		0.0%
2,925,524	3,990,844	0	37,555	2,640,549	9,594,472	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lawrence Putz

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	20
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	0
Circulatory System	117
Respiratory System	28
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	12
Injuries and Poisonings	5
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	243

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	278	278	256	278	243	35	278	278
Skilled Under 22	0	0	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	256	278	243	35	278	278

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	235
Total Admissions 2007	796
Total Discharges 2007	788
Residents on 12/31/2007	243

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12133	12.0%	68886	67.9%	5274	86293	85.0%	85.0%
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	12133	12.0%	68886	67.9%	5274	86293	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	6	8	0	0	0	0	0	0	6	8	14
65 to 74	8	24	0	0	0	0	0	0	8	24	32
75 to 84	18	54	0	0	0	0	0	0	18	54	72
85+	14	104	0	0	0	0	0	0	14	104	118
TOTALS	49	194	0	0	0	0	0	0	49	194	243

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	169	0	22	0	0	243
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
TOTALS	52	169	0	22	0	0	243

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	166
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	215	0	0	0	215
Race Unknown	0	0	0	0	0
Total	243	0	0	0	243

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	240	0	0	0	240
Ethnicity Unknown	0	0	0	0	0
Total	243	0	0	0	243

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	20.00
LPN's	26.00
Certified Aides	78.00
Other Health Staff	6.00
Non-Health Staff	75.00
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
35.2%	56.9%	0.0%	0.7%	7.1%	100.0%		0.0%
5,411,301	8,741,803	0	110,480	1,094,405	15,357,989	0	

FACILITY NOTES

Bed Change	1/18/2007	Added 8 nursing care beds; facility now has 278 nursing care beds.

LEXINGTON HEALTH CARE CENTER
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318
Health Service Area 007 Planning Service Area 703

Administrator
Susan Polier

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	8
Circulatory System	38
Respiratory System	22
Digestive System	8
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	17
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	197

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	224	224	207	224	197	27	224	224
Skilled Under 22	0	0	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	207	224	197	27	224	224

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	195
Total Admissions 2007	489
Total Discharges 2007	487
Residents on 12/31/2007	197

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9950	12.2%	45254	55.3%	16683	71887	87.9%	87.9%
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	9950	12.2%	45254	55.3%	16683	71887	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	5	0	0	0	0	0	0	6	5	11
75 to 84	17	47	0	0	0	0	0	0	17	47	64
85+	25	92	0	0	0	0	0	0	25	92	117
TOTALS	50	147	0	0	0	0	0	0	50	147	197

LEXINGTON HEALTH CARE CENTER
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	138	0	21	0	0	197
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
TOTALS	38	138	0	21	0	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	185	0	0	0	185
Race Unknown	0	0	0	0	0
Total	197	0	0	0	197

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	0	0	0	0	0
Total	197	0	0	0	197

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	6.00
Certified Aides	58.00
Other Health Staff	3.00
Non-Health Staff	67.00
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
32.0%	41.1%	0.0%	0.5%	26.5%	100.0%		0.0%
4,417,441	5,679,375	0	65,206	3,661,617	13,823,639	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEXINGTON HEALTH CARE CENTER
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993
Health Service Area 007 Planning Service Area 703

Administrator
Jeffrey Baker

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	15
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	1
Circulatory System	46
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	2
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	166	172	160	172	147	19	166	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	172	160	172	147	19	166	166

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	141
Total Admissions 2007	331
Total Discharges 2007	325
Residents on 12/31/2007	147

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6786	11.2%	41892	69.1%	7211	55889	92.2%	89.0%
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	6786	11.2%	41892	69.1%	7211	55889	92.2%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	9	35	0	0	0	0	0	0	9	35	44
85+	11	72	0	0	0	0	0	0	11	72	83
TOTALS	28	119	0	0	0	0	0	0	28	119	147

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON HEALTH CARE CENTER
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	117	0	17	0	0	147
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
TOTALS	13	117	0	17	0	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	23.00
LPN's	0.00
Certified Aides	44.00
Other Health Staff	1.00
Non-Health Staff	57.00
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
30.8%	52.8%	0.0%	0.9%	15.4%	100.0%		0.0%
3,100,373	5,307,704	0	92,109	1,552,816	10,053,002	0	

FACILITY NOTES

Bed Change	12/31/2007	Received permission to decrease Nursing Care beds from 172 to 166.

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
Brian Celerio

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/14/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	14
Mental Illness	31
Developmental Disability	0
Circulatory System	42
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	162

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	223	223	184	223	162	61	223	223
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	223	223	184	223	162	61	223	223

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	160
Total Admissions 2007	370
Total Discharges 2007	368
Residents on 12/31/2007	162

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7450	9.2%	46943	57.7%	7783	62176	76.4%	76.4%
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%
TOTALS	7450	9.2%	46943	57.7%	7783	62176	76.4%	76.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	18	78	0	0	0	0	0	0	18	78	96
TOTALS	43	119	0	0	0	0	0	0	43	119	162

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON HEALTH CARE-WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014369
Health Service Area 007 Planning Service Area 701

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	115	0	32	0	0	162
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
TOTALS	15	115	0	32	0	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
Total	162	0	0	0	162

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	24.00
LPN's	3.00
Certified Aides	52.00
Other Health Staff	4.00
Non-Health Staff	57.00
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
33.2%	52.7%	0.0%	0.5%	13.7%	100.0%		0.0%
3,612,790	5,740,429	0	50,400	1,489,638	10,893,257	0	

FACILITY NOTES

Bed Change	1/10/2007	Added 2 nursing care beds; facility now has 223 nursing care beds.

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
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	13
Blood Disorders	4
*Nervous System Non Alzheimer	13
Alzheimer Disease	15
Mental Illness	26
Developmental Disability	0
Circulatory System	60
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	224	224	213	224	192	32	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	224	224	213	224	192	32	214	214

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	204
Total Admissions 2007	456
Total Discharges 2007	468
Residents on 12/31/2007	192

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11722	15.0%	55362	70.9%	5903	72987	89.3%	89.3%
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%
TOTALS	11722	15.0%	55362	70.9%	5903	72987	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	0	0	0	0	0	0	0	3	0	3
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	11	14	0	0	0	0	0	0	11	14	25
75 to 84	20	54	0	0	0	0	0	0	20	54	74
85+	8	77	0	0	0	0	0	0	8	77	85
TOTALS	44	148	0	0	0	0	0	0	44	148	192

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON OF CHICAGO RIDGE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6012967
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	35	127	0	30	0	0	192
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
TOTALS	35	127	0	30	0	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	6.00
Certified Aides	60.00
Other Health Staff	2.00
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
39.5%	51.5%	0.0%	0.6%	8.4%	100.0%		0.0%
5,183,419	6,763,362	0	75,911	1,101,952	13,124,644	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361
Health Service Area 007 Planning Service Area 705

Administrator
Nicholas Papp

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/14/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	119	119	111	119	80	39	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	111	119	80	39	119	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	726
Total Discharges 2007	736
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15651	36.0%	13153	30.3%	4931	33735	77.7%	77.7%
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	15651	36.0%	13153	30.3%	4931	33735	77.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	5	2	7
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	25	55	0	0	0	0	0	0	25	55	80

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361
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	34	30	0	16	0	0	80
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
TOTALS	34	30	0	16	0	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	213
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	1.00
Non-Health Staff	44.00
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
70.6%	17.4%	0.0%	0.5%	11.4%	100.0%		0.0%
6,881,842	1,695,497	0	51,422	1,112,387	9,741,148	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Gina McCarthy

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/14/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	19
Mental Illness	15
Developmental Disability	0
Circulatory System	45
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	183

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	196	214	183	31	209	209
Skilled Under 22	0	0	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	196	214	183	31	209	209

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	179
Total Admissions 2007	560
Total Discharges 2007	556
Residents on 12/31/2007	183

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10521	13.8%	49428	64.8%	7389	67338	86.2%	86.2%
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%
TOTALS	10521	13.8%	49428	64.8%	7389	67338	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	5	17	0	0	0	0	0	0	5	17	22
75 to 84	16	40	0	0	0	0	0	0	16	40	56
85+	18	77	0	0	0	0	0	0	18	77	95
TOTALS	40	143	0	0	0	0	0	0	40	143	183

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	119	0	32	0	0	183
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
TOTALS	32	119	0	32	0	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	0	0	182
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	183	0	0	0	183

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	4.00
Non-Health Staff	67.00
Totals	158.00

NET REVENUE BY PAYOR 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%	45.6%	0.0%	2.7%	12.6%	100.0%		0.0%
4,763,463	5,559,252	0	325,000	1,538,021	12,185,736	0	

FACILITY NOTES

Bed Change	1/12/2007	Added 1 nursing care bed; facility now has 214 nursing care beds.

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
5/14/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	11
Mental Illness	32
Developmental Disability	1
Circulatory System	38
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	27
Injuries and Poisonings	11
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	214	224	209	224	196	18	224	224
Skilled Under 22	0	0	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	224	209	224	196	18	224	224

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	199
Total Admissions 2007	589
Total Discharges 2007	592
Residents on 12/31/2007	196

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9408	11.5%	56659	69.3%	5911	71978	92.1%	88.0%
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	9408	11.5%	56659	69.3%	5911	71978	92.1%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	21	0	0	0	0	0	0	4	21	25
75 to 84	20	49	0	0	0	0	0	0	20	49	69
85+	12	79	0	0	0	0	0	0	12	79	91
TOTALS	41	155	0	0	0	0	0	0	41	155	196

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	133	0	35	0	0	196
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
TOTALS	28	133	0	35	0	0	196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	0	0	182
Race Unknown	0	0	0	0	0
Total	196	0	0	0	196

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	196	0	0	0	196

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	31.00
LPN's	6.00
Certified Aides	70.00
Other Health Staff	2.00
Non-Health Staff	60.00
Totals	170.00

NET REVENUE BY PAYOR 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%	56.0%	0.0%	1.1%	9.3%	100.0%		0.0%
4,297,771	7,176,112	0	141,551	1,194,700	12,810,134	0	

FACILITY NOTES

Bed Change	12/31/2007	Discontinued 10 Nursing Care beds; facility now has 214 Nursing Care beds.

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
Gregory Taylor

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
5/14/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	32
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	3
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	167

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	224	224	171	224	167	57	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	224	224	171	224	167	57	214	214

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	166
Total Admissions 2007	561
Total Discharges 2007	560
Residents on 12/31/2007	167

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9226	11.8%	45261	57.9%	4608	59095	72.3%	72.3%
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%
TOTALS	9226	11.8%	45261	57.9%	4608	59095	72.3%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	21	56	0	0	0	0	0	0	21	56	77
85+	12	39	0	0	0	0	0	0	12	39	51
TOTALS	47	120	0	0	0	0	0	0	47	120	167

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	114	0	8	12	0	167
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
TOTALS	33	114	0	8	12	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	184
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	8.00
Certified Aides	52.00
Other Health Staff	5.00
Non-Health Staff	68.00
Totals	158.00

NET REVENUE BY PAYOR 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%	49.0%	0.0%	1.0%	12.6%	100.0%		0.0%
3,846,749	5,053,066	0	105,304	1,299,277	10,304,396	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Reference Numbers Facility ID 6005342
Health Service Area 005 Planning Service Area 199

Administrator

Contact Person and Telephone
Stephen Brown
618-997-9336

Date Completed
3/24/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5500	94.2%	220	5720	97.9%	97.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5500	94.2%	220	5720	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	3	0	0	1	3	4
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	2	0	0	0	2	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Reference Numbers Facility ID 6005342
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	81.5%	18.5%	0.0%	0.0%	100.0%		0.0%
0	446,909	101,584	0	0	548,493	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Libertyville Manor Extend. 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
John Stokovich

Date Completed
5/5/2008

Registered Agent Information
Mr. John Fadden
225 West Washington Street - Suite 1300

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	7
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	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	MEDICAID CERTIFIED
Nursing Care	174	174	74	174	59	115	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	174	174	74	174	59	115	31	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	358
Total Discharges 2007	372
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6255	55.3%	0	0.0%	16256	22511	35.4%	35.4%
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%
TOTALS	6255	55.3%	0	0.0%	16256	22511	35.4%	35.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	6	0	0	0	0	0	0	7	6	13
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	14	17	0	0	0	0	0	0	14	17	31
TOTALS	28	31	0	0	0	0	0	0	28	31	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Libertyville Manor Extend. Care Facility
610 Peterson Road (Hwy. #137)
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6005359
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	0	45	0	59
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
TOTALS	14	0	0	0	45	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	192
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	4.00
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
44.9%	0.0%	0.0%	0.0%	55.1%	100.0%		1.1%
2,274,000	0	0	0	2,793,000	5,067,000	56,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LIEBERMAN CENTER FOR HEALTH AND REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

Administrator
BARBARA WEXLER

Contact Person and Telephone
BARBARA WEXLER
847-674-7210

Date Completed
5/2/2008

Registered Agent Information
Joe Atkin, CFO of CJE SeniorLife
3003 W. Touhy Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	80
Mental Illness	0
Developmental Disability	0
Circulatory System	70
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	53
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	222

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	240	240	222	18	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	240	240	222	18	240	216

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	231
Total Admissions 2007	440
Total Discharges 2007	449
Residents on 12/31/2007	222

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10491	12.0%	46905	59.5%	26622	84018	95.9%	95.9%
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	10491	12.0%	46905	59.5%	26622	84018	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	0	2	12	14
75 to 84	10	36	0	0	0	0	0	0	10	36	46
85+	20	141	0	0	0	0	0	0	20	141	161
TOTALS	33	189	0	0	0	0	0	0	33	189	222

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LIEBERMAN CENTER FOR HEALTH AND REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

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	135	0	0	61	0	222
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
TOTALS	26	135	0	0	61	0	222

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	221	0	0	0	221
Race Unknown	0	0	0	0	0
Total	222	0	0	0	222

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	222	0	0	0	222
Ethnicity Unknown	0	0	0	0	0
Total	222	0	0	0	222

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	10.00
Certified Aides	106.00
Other Health Staff	16.00
Non-Health Staff	67.00
Totals	239.00

NET REVENUE BY PAYOR 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%	29.7%	0.0%	0.0%	42.5%	100.0%		0.0%
4,991,356	5,339,156	0	0	7,625,139	17,955,651	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005482
Health Service Area 003 Planning Service Area 107

Administrator
Pamels S Rosenkranz

Contact Person and Telephone
Pamela S. Rosencranz
217-732-1131

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	100.0%	0	5475	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	100.0%	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005482
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.18
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	7.54
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	9.40

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%	80.6%	0.0%	0.0%	19.4%	100.0%		0.0%
0	491,746	0	0	118,675	610,421	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINCOLN MANOR -INC
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6005508
Health Service Area 004 Planning Service Area 115

Administrator

Contact Person and Telephone
SHEILA MCCLUNG
217-875-1973

Date Completed
5/2/2008

Registered Agent Information
R.Samuel Postlewait
225 N. Water

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	6
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	57
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	23
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	128

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	137	140	128	12	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	140	140	137	140	128	12	0	140

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	124
Total Discharges 2007	119
Residents on 12/31/2007	128

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4939	0.0%	29047	56.8%	11958	45944	89.9%	89.9%
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	4939	0.0%	29047	56.8%	11958	45944	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	7	16	0	0	0	0	0	0	7	16	23
85+	10	79	0	0	0	0	0	0	10	79	89
TOTALS	23	105	0	0	0	0	0	0	23	105	128

LINCOLN MANOR -INC
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6005508
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	74	0	0	36	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
TOTALS	18	74	0	0	36	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

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	33.00
Other Health Staff	4.00
Non-Health Staff	43.00
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
30.7%	45.0%	0.0%	0.0%	24.3%	100.0%		0.0%
1,776,014	2,603,186	0	0	1,409,408	5,788,609	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Lincoln Park Terrace
2732 North Hampden Court
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516
Health Service Area 006 Planning Service Area 602

Administrator
DOV SOLOMON

Contact Person and Telephone
DOV SOLOMON
773-248-6000

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	12
Blood Disorders	11
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	4
Digestive System	10
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	109	109	109	109	94	15	36	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	109	109	94	15	36	109

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	76
Total Discharges 2007	79
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3230	24.6%	24280	61.0%	1167	28677	72.1%	72.1%
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%
TOTALS	3230	24.6%	24280	61.0%	1167	28677	72.1%	72.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	4	2	6
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	16	12	0	0	0	0	0	0	16	12	28
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	38	56	0	0	0	0	0	0	38	56	94

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Lincoln Park Terrace
2732 North Hampden Court
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	84	0	0	4	0	94
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
TOTALS	6	84	0	0	4	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	0.00
Certified Aides	33.00
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
27.1%	69.6%	0.0%	0.0%	3.3%	100.0%		0.0%
1,171,246	3,008,502	0	0	140,580	4,320,328	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINCOLN SQUARE,INC.
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID 6004170
Health Service Area 005 Planning Service Area 181

Administrator
Cheryl B. Sherrill

Contact Person and Telephone
Anita Beatty
618-833-9573

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5473	100.0%	0	5473	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5473	100.0%	0	5473	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	5	2	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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	11	4	0	0	11	4	15

LINCOLN SQUARE,INC.
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID 6004170
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	99	99
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
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%	84.3%	14.5%	0.0%	1.2%	100.0%		0.0%
0	445,660	76,735	0	6,216	528,611	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041
Health Service Area 003 Planning Service Area 107

Administrator
Chad Hunter

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	3
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5639	96.6%	0	5639	96.6%	96.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5639	96.6%	0	5639	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	4	1	5
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	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.75
Other Health Staff	0.66
Non-Health Staff	1.50
Totals	10.16

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	490,676	0	0	128,956	619,632	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL. 60712

Reference Numbers Facility ID 6013213
Health Service Area 007 Planning Service Area 702

Administrator
Lawrence Torf

Contact Person and Telephone
Lawrence Torf
847-673-7166

Date Completed
6/1/2008

Registered Agent Information
John H. Heuberger
203 N. Lasalle St - Suite 1800

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	9
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	40	40	40	40	40	0	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	64	1	40	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	153
Total Discharges 2007	141
Residents on 12/31/2007	64

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4365	29.9%	0	0.0%	8006	12371	84.7%	84.7%
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					7283	7283	79.8%	79.8%
TOTALS	4365	29.9%	0	0.0%	15289	19654	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	7	0	0	0	0	1	7	7	14	21
85+	5	21	0	0	0	0	2	14	7	35	42
TOTALS	12	28	0	0	0	0	3	21	15	49	64

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL. 60712

Reference Numbers Facility ID 6013213
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	0	0	0	20	0	40
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	20	0	0	0	44	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	151	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	24	63
Race Unknown	0	0	0	0	0
Total	40	0	0	24	64

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	24	64
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	24	64

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	19.00
Other Health Staff	0.00
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
41.1%	0.0%	0.0%	0.0%	58.9%	100.0%		0.0%
2,027,947	0	0	0	2,910,977	4,938,924	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054
Health Service Area 002 Planning Service Area 179

Administrator
Matthew D. Steffen

Contact Person and Telephone
Ron Messner
309-266-9781

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5817	99.6%	0	5817	99.6%	99.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5817	99.6%	0	5817	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	110	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.26
Registered Nurses	0.52
LPN's	0.00
Certified Aides	9.76
Other Health Staff	1.00
Non-Health Staff	1.03
Totals	12.90

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%	80.3%	1.1%	0.0%	18.6%	100.0%		0.0%
0	488,339	6,535	0	113,077	607,951	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	1	1	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	2	2	0	0	2	2	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013957
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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%	86.8%	0.0%	0.0%	13.2%	100.0%		0.0%
0	266,147	0	0	40,409	306,556	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LITCHFIELD HEALTH CARE CENTER
1285 EAST UNION AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6001432
Health Service Area 003 Planning Service Area 135

Administrator
Mary Buffington

Contact Person and Telephone
Mary Buffington
217-324-3996

Date Completed
5/2/2008

Registered Agent Information
C T Corporation System
208 South LaSalle Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	13
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	123	97	97	97	94	29	26	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	97	97	97	94	29	26	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	75
Total Admissions 2007	181
Total Discharges 2007	162
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4920	51.8%	20230	45.1%	4959	30109	67.1%	85.0%
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	4920	51.8%	20230	45.1%	4959	30109	67.1%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	13	25	0	0	0	0	0	0	13	25	38
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	35	59	0	0	0	0	0	0	35	59	94

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LITCHFIELD HEALTH CARE CENTER
1285 EAST UNION AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6001432
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	62	0	0	19	0	94
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
TOTALS	13	62	0	0	19	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	10.00
Non-Health Staff	27.00
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
44.9%	40.7%	0.2%	0.0%	14.2%	100.0%		0.0%
1,847,466	1,675,402	7,053	0	584,415	4,114,337	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LITCHFIELD TERRACE
1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000095
Health Service Area 003 Planning Service Area 135

Administrator
Barb Lowy

Contact Person and Telephone
Melvin Siegel
847-679-0100

Date Completed
6/3/2008

Registered Agent Information

Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
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	4
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	31
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	56
Total Admissions 2007	47
Total Discharges 2007	40
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	22352	94.2%	0	22352	94.2%	94.2%
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%
TOTALS	0	0.0%	22352	94.2%	0	22352	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	6	5	11
45 to 59	18	10	0	0	0	0	0	0	18	10	28
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	35	28	0	0	0	0	0	0	35	28	63

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LITCHFIELD TERRACE
1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000095
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	63	0	0	0	0	63
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
TOTALS	0	63	0	0	0	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

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	1.00
Non-Health Staff	15.00
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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,746,494	0	0	0	1,746,494	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/8/2008

Registered Agent Information
Nicholas J. Lynn
190 south LaSalle Street Suite 3700

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	57
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	57	57	57	57	57	0		55
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	57	0	0	55

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	56
Total Admissions 2007	4
Total Discharges 2007	3
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			19631	97.8%	546	20177	97.0%	97.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	19631	97.8%	546	20177	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	9	10	0	0	0	0	9	10	19
18 to 44	0	0	20	17	0	0	0	0	20	17	37
45 to 59	0	0	1	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	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	30	27	0	0	0	0	30	27	57

LITTLE ANGELS
1435 SUMMIT STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6005524
Health Service Area 007 Planning Service Area 701

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	56	0	0	1	0	57
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	56	0	0	1	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	250	250
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	12	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	44	0	0	44
Race Unknown	0	0	0	0	0
Total	0	57	0	0	57

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	13	0	0	13
Non-Hispanic	0	44	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	0	57	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.80
LPN's	6.75
Certified Aides	50.75
Other Health Staff	8.75
Non-Health Staff	13.65
Totals	91.70

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%	96.3%	0.0%	0.0%	3.7%	100.0%		0.0%
0	4,391,544	0	0	168,629	4,560,173	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Maureen A. Courtney

Contact Person and Telephone
Sister Maureen A. Courtney
773-935-9600

Date Completed
5/29/2008

Registered Agent Information
Daniel W. Coyne
30 N. LaSalle St., Ste. 4100

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	1
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	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	30
Developmental Disability	0
Circulatory System	15
Respiratory System	4
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	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	MEDICAID CERTIFIED
Nursing Care	76	76	76	76	74	2	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	76	76	74	2	0	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	14
Total Discharges 2007	11
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	24138	87.0%	1141	25279	91.1%	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%
TOTALS	0	0.0%	24138	87.0%	1141	25279	91.1%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	4	47	0	0	0	0	0	0	4	47	51
TOTALS	12	62	0	0	0	0	0	0	12	62	74

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	0	0	5	0	74
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
TOTALS	0	69	0	0	5	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	4.98
LPN's	3.53
Certified Aides	32.35
Other Health Staff	2.00
Non-Health Staff	31.50
Totals	74.36

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
0.0%	95.4%	0.0%	0.0%	4.6%	100.0%		0.0%
0	2,813,190	0	0	136,920	2,950,110	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LIVINGSTON MANOR (CO NH)
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Reference Numbers Facility ID 6005573
Health Service Area 004 Planning Service Area 105

Administrator
Rue Anne Mills

Contact Person and Telephone
Sandra Harmon
815-844-5121

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
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	8
Injuries and Poisonings	3
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	122	121	78	121	47	75	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	121	78	121	47	75	28	122

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	37
Total Discharges 2007	67
Residents on 12/31/2007	47

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1002	9.8%	16678	37.5%	4296	21976	49.4%	49.8%
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	1002	9.8%	16678	37.5%	4296	21976	49.4%	49.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	13	34	0	0	0	0	0	0	13	34	47

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LIVINGSTON MANOR (CO NH)
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Reference Numbers Facility ID 6005573
Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	38	0	0	8	0	47
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
TOTALS	1	38	0	0	8	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	7.00
Certified Aides	26.00
Other Health Staff	0.50
Non-Health Staff	24.50
Totals	62.50

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
9.7%	74.9%	0.0%	0.0%	15.4%	100.0%		0.9%
381,560	2,951,319	0	0	608,924	3,941,803	35,300	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information
Eldon Joergens
702 W. Cumberland Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	96	96	86	96	79	17	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	86	96	79	17	96	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	103
Total Discharges 2007	93
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3520	10.0%	10681	30.5%	13929	28130	80.3%	80.3%
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%
TOTALS	3520	10.0%	10681	30.5%	13929	28130	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	26	0	0	0	0	0	0	7	26	33
85+	11	33	0	0	0	0	0	0	11	33	44
TOTALS	18	61	0	0	0	0	0	0	18	61	79

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LUTHERAN CARE CENTER
702 WEST CUMBERLAND ROAD
ALTAMONT, IL. 62411

Reference Numbers Facility ID 6005599
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	30	0	0	43	0	79
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
TOTALS	6	30	0	0	43	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	9.00
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
32.0%	25.0%	0.0%	1.1%	41.9%	100.0%		1.7%
1,148,130	896,976	0	37,702	1,505,097	3,587,905	61,966	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Janelle Clark

Contact Person and Telephone
Rita Lewis
309-689-7503

Date Completed
5/7/2008

Registered Agent Information
CT Corporation System
208 LaSalle Suite 814

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	13
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	85	85	85	85	79	6	85	20
Skilled Under 22	0	0	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	85	85	79	6	85	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	117
Total Discharges 2007	115
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3835	12.4%	2973	40.7%	21161	27969	90.1%	90.1%
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%
TOTALS	3835	12.4%	2973	40.7%	21161	27969	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	17	0	0	0	0	0	0	7	17	24
85+	13	39	0	0	0	0	0	0	13	39	52
TOTALS	22	57	0	0	0	0	0	0	22	57	79

LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	9	0	0	53	0	79
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
TOTALS	17	9	0	0	53	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	199
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	12.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	12.50
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
25.8%	5.0%	0.0%	0.0%	69.2%	100.0%		0.0%
1,702,638	332,881	0	0	4,567,458	6,602,977	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

Administrator
Phil Hemmer

Contact Person and Telephone
Phil Hemmer
847-253-3710

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System Non Alzheimer	23
Alzheimer Disease	58
Mental Illness	1
Developmental Disability	1
Circulatory System	61
Respiratory System	27
Digestive System	31
Genitourinary System Disorders	26
Skin Disorders	2
Musculo-skeletal Disorders	22
Injuries and Poisonings	65
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	381

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	322	322	321	322	313	9	252	273
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	70	70	70	70	68	2		
TOTAL BEDS	392	392	391	392	381	11	252	273

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	368
Total Admissions 2007	482
Total Discharges 2007	469
Residents on 12/31/2007	381

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15027	16.3%	33276	33.4%	65972	114275	97.2%	97.2%
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					25043	25043	98.0%	98.0%
TOTALS	15027	16.3%	33276	33.4%	91015	139318	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	9	0	0	0	0	1	3	4	12	16
75 to 84	20	60	0	0	0	0	4	15	24	75	99
85+	41	179	0	0	0	0	7	38	48	217	265
TOTALS	65	248	0	0	0	0	12	56	77	304	381

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	86	0	2	176	5	313
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	61	7	68
TOTALS	44	86	0	2	237	12	381

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	321
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	220	210

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	311	0	0	68	379
Race Unknown	0	0	0	0	0
Total	313	0	0	68	381

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	311	0	0	68	379
Ethnicity Unknown	0	0	0	0	0
Total	313	0	0	68	381

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.63
LPN's	18.41
Certified Aides	198.11
Other Health Staff	31.30
Non-Health Staff	123.03
Totals	410.48

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
18.7%	9.4%	0.0%	0.0%	71.9%	100.0%		0.0%
5,817,992	2,910,162	0	0	22,316,605	31,044,759	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623
Health Service Area 007 Planning Service Area 705

Administrator
Alice A Apara-Olujimi

Contact Person and Telephone
Alice A Apara-Olujimi
708-385-8700

Date Completed
4/24/2008

Registered Agent Information
Michael Cramarosso
111 East Wacker Drive, Suite 2800

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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	405
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	405

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	412	412	412	412	405	7	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	405	7	0	412

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	402
Total Admissions 2007	132
Total Discharges 2007	129
Residents on 12/31/2007	405

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	137872	91.7%	5607	143479	95.4%	95.4%
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%
TOTALS	0	0.0%	137872	91.7%	5607	143479	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	100	44	0	0	0	0	0	0	100	44	144
45 to 59	162	62	0	0	0	0	0	0	162	62	224
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	288	117	0	0	0	0	0	0	288	117	405

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623
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	389	10	0	6	0	405
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
TOTALS	0	389	10	0	6	0	405

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	297	0	0	0	297
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	405	0	0	0	405

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	395	0	0	0	395
Ethnicity Unknown	0	0	0	0	0
Total	405	0	0	0	405

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	24.00
Certified Aides	55.00
Other Health Staff	0.00
Non-Health Staff	110.00
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
0.0%	95.4%	2.8%	0.0%	1.8%	100.0%		0.0%
0	14,687,954	431,996	0	279,417	15,399,367	0	

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
Diane Tebbe
618-465-0044

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LYNHAVEN
1108 ENGINEER ROAD
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012546
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	226	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.40
Totals	12.18

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%	83.3%	16.3%	0.0%	0.4%	100.0%		0.0%
0	517,681	101,130	0	2,565	621,376	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520
Health Service Area 005 Planning Service Area 121

Administrator
Misty Wernsman

Contact Person and Telephone
Darren Wolff
618-548-0353

Date Completed
5/9/2008

Registered Agent Information
William P. Crain
623 w. Broadway

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	3
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5551	95.1%	0	5551	95.1%	95.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5551	95.1%	0	5551	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	3	3	0	0	3	3	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	6	8	0	0	6	8	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520
Health Service Area 005 Planning Service Area 121

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	0.00
Non-Health Staff	1.00
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%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	527,752	0	0	103,693	631,445	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809
Health Service Area 007 Planning Service Area 705

Administrator
Regina Mason

Contact Person and Telephone
Meloneze Gilbert
(708) 758-3988

Date Completed
5/3/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	2
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1790	81.7%	0	1790	81.7%	81.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1790	81.7%	0	1790	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	4	2	0	0	4	2	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809
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		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	199
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	5.41
Other Health Staff	0.22
Non-Health Staff	0.68
Totals	6.67

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
0.0%	84.8%	0.0%	0.0%	15.2%	100.0%		0.0%
0	334,831	0	0	59,918	394,750	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID 6013411
Health Service Area 002 Planning Service Area 143

Administrator
Edith B. Morris

Contact Person and Telephone
Edith Morris
309-691-3123

Date Completed
5/1/2008

Registered Agent Information
Roy Ricketts
1913 W. Townline Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1424	97.5%	0	1424	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	0	0	0	4	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID 6013411
Health Service Area 002 Planning Service Area 143

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		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	164	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	3.80
Totals	6.80

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%	89.4%	0.7%	0.0%	9.9%	100.0%		0.0%
0	213,535	1,758	0	23,624	238,917	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013940
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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%	93.0%	0.0%	0.0%	7.0%	100.0%		0.0%
0	278,661	0	0	20,854	299,515	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010318
Health Service Area 006 Planning Service Area 601

Administrator

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	11	0	0	0	11	11
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	12	0	0	0	12	12

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010318
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	10.15

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%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	665,541	80,119	0	1,945	747,607	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228
Health Service Area 007 Planning Service Area 701

Administrator
Theresa J. Smelser

Contact Person and Telephone
Theresa Smelser
847-392-2020

Date Completed
5/2/2008

Registered Agent Information
CT Corporation
2008 South Lasalle Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	4
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	9
Genitourinary System Disorders	11
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	21
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	112

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	151	146	141	140	112	39	151	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	151	146	141	140	112	39	151	36

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	127
Total Admissions 2007	1066
Total Discharges 2007	1081
Residents on 12/31/2007	112

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	23120	41.9%	10891	82.9%	10821	44832	81.3%	84.1%
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%
TOTALS	23120	41.9%	10891	82.9%	10821	44832	81.3%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	0	0	0	0	5	1	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	19	25	0	0	0	0	0	0	19	25	44
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	41	71	0	0	0	0	0	0	41	71	112

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	30	3	6	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
TOTALS	57	30	3	6	16	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	43.00
Other Health Staff	33.00
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
71.5%	8.3%	0.9%	9.5%	9.9%	100.0%		0.0%
10,498,061	1,215,510	126,647	1,395,463	1,451,288	14,686,969	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6000301
Health Service Area 004 Planning Service Area 019

Administrator
Pamella Britt

Contact Person and Telephone
Pamella Britt
217-352-5135

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	13
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	102	97	97	97	94	8	102	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	102	97	97	97	94	8	102	14

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	559
Total Discharges 2007	559
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11181	30.0%	3246	63.5%	19080	33507	90.0%	94.6%
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%
TOTALS	11181	30.0%	3246	63.5%	19080	33507	90.0%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	2	4	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	28	66	0	0	0	0	0	0	28	66	94

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6000301
Health Service Area 004 Planning Service Area 019

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	6	0	6	47	0	94
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
TOTALS	35	6	0	6	47	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	48.00
Non-Health Staff	0.00
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
50.6%	4.4%	0.6%	18.4%	26.0%	100.0%		0.0%
4,617,357	405,645	51,777	1,680,469	2,373,601	9,128,849	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6000285
Health Service Area 004 Planning Service Area 115

Administrator
William L. Wade

Contact Person and Telephone
William L. Wade
217-877-7333

Date Completed
5/4/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	13
Mental Illness	16
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	105

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	112	112	105	7	112	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	112	112	112	112	105	7	112	32

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	254
Total Discharges 2007	260
Residents on 12/31/2007	105

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12465	30.5%	6421	55.0%	20946	39832	97.4%	97.4%
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%
TOTALS	12465	30.5%	6421	55.0%	20946	39832	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	4	21	0	0	0	0	0	0	4	21	25
85+	13	50	0	0	0	0	0	0	13	50	63
TOTALS	21	84	0	0	0	0	0	0	21	84	105

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6000285
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	19	0	2	61	0	105
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
TOTALS	23	19	0	2	61	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	17.75
Certified Aides	38.00
Other Health Staff	10.75
Non-Health Staff	35.25
Totals	109.25

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
52.4%	7.3%	0.0%	3.3%	37.0%	100.0%		0.0%
4,451,283	624,479	0	277,513	3,143,609	8,496,884	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - 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
Pam Crenshaw
847-742-3310

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	38
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	20
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	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	82	81	82	72	16	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	82	81	82	72	16	88	61

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	236
Total Discharges 2007	243
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6274	19.5%	15771	70.8%	4876	26921	83.8%	89.9%
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	6274	19.5%	15771	70.8%	4876	26921	83.8%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	2	0	0	0	0	0	0	5	2	7
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	29	43	0	0	0	0	0	0	29	43	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers Facility ID 6000277
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	19	39	0	4	10	0	72
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
TOTALS	19	39	0	4	10	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	205
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

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	26.00
Other Health Staff	14.00
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
45.7%	26.4%	4.6%	5.6%	17.7%	100.0%		0.0%
2,533,643	1,462,861	254,760	310,913	982,103	5,544,280	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Brian Gross
847-301-0550

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	19
Other Medical Conditions	62
Non-Medical Conditions	0
TOTALS	175

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	188	190	175	15	190	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	190	190	188	190	175	15	190	104

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	181
Total Admissions 2007	1005
Total Discharges 2007	1011
Residents on 12/31/2007	175

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	23754	34.3%	19813	52.2%	21024	64591	93.1%	93.1%
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%
TOTALS	23754	34.3%	19813	52.2%	21024	64591	93.1%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	15	41	0	0	0	0	0	0	15	41	56
85+	10	69	0	0	0	0	0	0	10	69	79
TOTALS	43	132	0	0	0	0	0	0	43	132	175

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	68	50	0	14	43	0	175
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
TOTALS	68	50	0	14	43	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	263
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	175	0	0	0	175

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	8.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	61.00
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
57.4%	11.1%	1.0%	9.1%	21.4%	100.0%		0.0%
10,422,625	2,010,114	172,496	1,656,771	3,885,436	18,147,442	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

Administrator
Anthony Schreiber

Contact Person and Telephone
Anthony Schreiber
708-325-9630

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	31
Mental Illness	3
Developmental Disability	0
Circulatory System	28
Respiratory System	21
Digestive System	15
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	45
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	184

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	200	200	184	16	200	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	200	200	200	200	184	16	200	14

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	185
Total Admissions 2007	1284
Total Discharges 2007	1285
Residents on 12/31/2007	184

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	33944	46.5%	4316	84.5%	30574	68834	94.3%	94.3%
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%
TOTALS	33944	46.5%	4316	84.5%	30574	68834	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	5	0	0	0	0	0	0	10	5	15
65 to 74	22	31	0	0	0	0	0	0	22	31	53
75 to 84	29	21	0	0	0	0	0	0	29	21	50
85+	20	42	0	0	0	0	0	0	20	42	62
TOTALS	82	102	0	0	0	0	0	0	82	102	184

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	91	10	5	14	64	0	184
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
TOTALS	91	10	5	14	64	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	184	0	0	0	184

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	5	0	0	0	5
Total	184	0	0	0	184

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	17.00
Certified Aides	91.00
Other Health Staff	40.00
Non-Health Staff	71.00
Totals	246.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
73.5%	7.5%	2.3%	10.3%	6.4%	100.0%		0.0%
14,449,844	1,473,974	459,132	2,015,014	1,250,602	19,648,566	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6000269
Health Service Area 009 Planning Service Area 091

Administrator
Susan Lucas

Contact Person and Telephone
Susan Lucas
815-933-1711

Date Completed
5/5/2008

Registered Agent Information
C. T. Corporation System
208 S. LaSalle St. Suite 814

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	2
Circulatory System	26
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	106	106	106	92	15	107	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	107	106	106	106	92	15	107	86

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	283
Total Discharges 2007	281
Residents on 12/31/2007	92

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9219	23.6%	19691	62.7%	6615	35525	91.0%	91.8%
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	9219	23.6%	19691	62.7%	6615	35525	91.0%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	32	0	0	0	0	0	0	7	32	39
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	18	74	0	0	0	0	0	0	18	74	92

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6000269
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	51	0	2	17	0	92
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
TOTALS	22	51	0	2	17	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	13.00
Non-Health Staff	21.00
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
53.8%	23.6%	4.5%	2.5%	15.6%	100.0%		0.0%
3,264,407	1,432,394	271,859	152,079	944,158	6,064,897	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482
Health Service Area 008 Planning Service Area 097

Administrator
Pamela Lamb

Contact Person and Telephone
Pamela Lamb
847-816-3200

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	18
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	28
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	144	144	144	112	38	150	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	150	144	144	144	112	38	150	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	642
Total Discharges 2007	641
Residents on 12/31/2007	112

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15214	27.8%	21673	118.8%	5808	42695	78.0%	81.2%
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%
TOTALS	15214	27.8%	21673	118.8%	5808	42695	78.0%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	5	6	11
65 to 74	4	15	0	0	0	0	0	0	4	15	19
75 to 84	6	26	0	0	0	0	0	0	6	26	32
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	28	84	0	0	0	0	0	0	28	84	112

MANOR CARE - LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482
Health Service Area 008 Planning Service Area 097

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	58	0	7	11	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
TOTALS	36	58	0	7	11	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	231
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	9.00
Certified Aides	49.00
Other Health Staff	17.00
Non-Health Staff	36.00
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
63.4%	18.5%	0.9%	8.1%	9.1%	100.0%		0.0%
6,825,778	1,991,013	101,044	868,154	982,715	10,768,704	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251
Health Service Area 007 Planning Service Area 703

Administrator
Diane D. Lube

Contact Person and Telephone
Diane D. Lube
630-355-4111

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	3
Blood Disorders	6
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	1
Circulatory System	15
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	14
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	118	113	105	113	99	19	117	33
Skilled Under 22	0	0	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	113	105	113	99	19	117	33

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	655
Total Discharges 2007	661
Residents on 12/31/2007	99

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15510	36.3%	7956	66.1%	12702	36168	84.0%	87.7%
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	15510	36.3%	7956	66.1%	12702	36168	84.0%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	17	0	0	0	0	0	0	3	17	20
65 to 74	8	23	0	0	0	0	0	0	8	23	31
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	23	76	0	0	0	0	0	0	23	76	99

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	22	4	13	13	0	99
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
TOTALS	47	22	4	13	13	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	229	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	1	0	0	0	1
White	87	0	0	0	87
Race Unknown	4	0	0	0	4
Total	99	0	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	4	0	0	0	4
Total	99	0	0	0	99

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	40.00
Other Health Staff	13.00
Non-Health Staff	35.00
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
65.2%	7.4%	3.0%	13.4%	10.9%	100.0%		0.0%
7,430,411	848,404	343,817	1,528,878	1,236,894	11,388,404	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers Facility ID 6000244
Health Service Area 004 Planning Service Area 113

Administrator
Melissa Pate

Contact Person and Telephone
Melissa Pate
309-452-4406

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	20
Other Medical Conditions	10
Non-Medical Conditions	5
TOTALS	90

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	116	107	109	90	26	116	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	116	116	107	109	90	26	116	26

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	551
Total Discharges 2007	560
Residents on 12/31/2007	90

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14801	35.0%	4855	51.2%	15352	35008	82.7%	82.7%
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	14801	35.0%	4855	51.2%	15352	35008	82.7%	82.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	8	21	0	0	0	0	0	0	8	21	29
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	23	67	0	0	0	0	0	0	23	67	90

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers Facility ID 6000244
Health Service Area 004 Planning Service Area 113

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	8	35	0	90
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
TOTALS	35	12	0	8	35	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	14.00
Non-Health Staff	24.00
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
60.3%	4.9%	0.3%	10.1%	24.4%	100.0%		0.0%
5,887,345	475,111	25,447	990,211	2,385,419	9,763,533	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - OAK LAWN/95TH
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000343
Health Service Area 007 Planning Service Area 705

Administrator
JoMarie Silver

Contact Person and Telephone
JoMarie Silver
708-599-8800

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	28
Mental Illness	1
Developmental Disability	1
Circulatory System	10
Respiratory System	35
Digestive System	1
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	29
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	166

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	189	187	189	166	26	191	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	192	189	187	189	166	26	191	78

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	880
Total Discharges 2007	871
Residents on 12/31/2007	166

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	24759	35.5%	17625	61.9%	19086	61470	87.7%	89.1%
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%
TOTALS	24759	35.5%	17625	61.9%	19086	61470	87.7%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	4	0	0	0	0	0	0	7	4	11
65 to 74	10	19	0	0	0	0	0	0	10	19	29
75 to 84	21	37	0	0	0	0	0	0	21	37	58
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	52	114	0	0	0	0	0	0	52	114	166

MANOR CARE - OAK LAWN/95TH
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000343
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	67	52	0	7	40	0	166
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
TOTALS	67	52	0	7	40	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	187
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

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	58.00
Other Health Staff	42.00
Non-Health Staff	26.00
Totals	169.00

NET REVENUE BY PAYOR 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%	10.4%	1.7%	10.5%	15.4%	100.0%		0.0%
10,293,167	1,724,924	286,404	1,743,636	2,566,120	16,614,251	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - OAK LAWN/KOSTNER
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000236
Health Service Area 007 Planning Service Area 705

Administrator
Karen Petyko

Contact Person and Telephone
Karen Petyko
708-423-7882

Date Completed
5/2/2008

Registered Agent Information
CT Corporation System
208 S. LaSalle St., Suite 814

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	11
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	144	138	120	138	100	44	144	39
Skilled Under 22	0	0	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	138	120	138	100	44	144	39

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	993
Total Discharges 2007	986
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	21231	40.4%	9327	65.5%	10155	40713	77.5%	80.8%
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	21231	40.4%	9327	65.5%	10155	40713	77.5%	80.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	5	0	0	0	0	0	0	4	5	9
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	11	31	0	0	0	0	0	0	11	31	42
TOTALS	36	64	0	0	0	0	0	0	36	64	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - OAK LAWN/KOSTNER
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000236
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	25	0	6	22	0	100
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
TOTALS	47	25	0	6	22	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	22.00
Certified Aides	51.00
Other Health Staff	4.00
Non-Health Staff	51.00
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
72.1%	7.6%	1.5%	10.1%	8.7%	100.0%		0.3%
9,029,728	953,599	181,815	1,268,912	1,090,048	12,524,102	41,013	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - PALOS HEIGHTS
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6010912
Health Service Area 007 Planning Service Area 705

Administrator
Lenette Clark

Contact Person and Telephone
Robin Koch
708-361-6990 ext 107

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	0
Circulatory System	45
Respiratory System	15
Digestive System	14
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	22
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	174	174	174	174	163	11	174	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	174	174	174	174	163	11	174	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	147
Total Admissions 2007	703
Total Discharges 2007	687
Residents on 12/31/2007	163

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28061	44.2%	16235	49.4%	14966	59262	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%
TOTALS	28061	44.2%	16235	49.4%	14966	59262	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	10	0	0	0	0	0	0	9	10	19
75 to 84	15	40	0	0	0	0	0	0	15	40	55
85+	15	71	0	0	0	0	0	0	15	71	86
TOTALS	39	124	0	0	0	0	0	0	39	124	163

MANOR CARE - PALOS HEIGHTS
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6010912
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	76	51	0	3	33	0	163
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
TOTALS	76	51	0	3	33	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	160	0	0	0	160
Race Unknown	0	0	0	0	0
Total	163	0	0	0	163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	16.00
Certified Aides	70.00
Other Health Staff	24.00
Non-Health Staff	54.00
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
68.4%	10.2%	1.4%	2.9%	17.0%	100.0%		0.0%
11,306,085	1,683,069	238,388	486,103	2,817,839	16,531,484	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - PALOS HGTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6014534
Health Service Area 007 Planning Service Area 705

Administrator
Vicki Tomer

Contact Person and Telephone
Vicki Tomer
708-361-4555

Date Completed
5/5/2008

Registered Agent Information
C T Corporation
208 South LaSalle Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	31
Respiratory System	8
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	110

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	130	130	130	110	20	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	110	20	130	52

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	104
Total Admissions 2007	794
Total Discharges 2007	788
Residents on 12/31/2007	110

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19493	41.1%	12732	67.1%	9641	41866	88.2%	88.2%
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%
TOTALS	19493	41.1%	12732	67.1%	9641	41866	88.2%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	0	0	0
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	17	28	0	0	0	0	0	0	17	28	45
85+	9	36	0	0	0	0	0	0	9	36	45
TOTALS	34	76	0	0	0	0	0	0	34	76	110

MANOR CARE - PALOS HGTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6014534
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	40	0	9	14	0	110
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
TOTALS	47	40	0	9	14	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	14.00
Non-Health Staff	28.00
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
71.1%	11.7%	1.2%	4.5%	11.5%	100.0%		0.0%
8,715,233	1,436,279	153,145	549,785	1,410,589	12,265,031	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - 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
4/22/2008

Registered Agent Information
N/A

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	10
Developmental Disability	0
Circulatory System	19
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	16
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	144	144	144	144	121	23	144	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	144	144	144	144	121	23	144	32

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	490
Total Discharges 2007	491
Residents on 12/31/2007	121

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15867	30.2%	9536	81.6%	20230	45633	86.8%	86.8%
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	15867	30.2%	9536	81.6%	20230	45633	86.8%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	1	0	0	0	0	0	0	2	1	3
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	27	25	0	0	0	0	0	0	27	25	52
85+	8	37	0	0	0	0	0	0	8	37	45
TOTALS	45	76	0	0	0	0	0	0	45	76	121

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - PEORIA
5600 GLEN ELM DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000293
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	30	0	13	44	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
TOTALS	34	30	0	13	44	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	25.00
Certified Aides	60.00
Other Health Staff	46.00
Non-Health Staff	49.00
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
48.5%	6.1%	0.6%	21.3%	23.5%	100.0%		0.0%
5,884,484	742,556	75,810	2,588,792	2,851,468	12,143,110	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327
Health Service Area 007 Planning Service Area 701

Administrator
Lynette M Rugg

Contact Person and Telephone
Lynette Rugg
847-397-2400

Date Completed
5/5/2008

Registered Agent Information
C T Corporation Systems
2008 S LaSalle Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	145	135	145	120	35	155	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	155	145	135	145	120	35	155	91

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	455
Total Discharges 2007	458
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11184	19.8%	22141	66.7%	12656	45981	81.3%	86.9%
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	11184	19.8%	22141	66.7%	12656	45981	81.3%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	21	0	0	0	0	0	0	10	21	31
75 to 84	13	29	0	0	0	0	0	0	13	29	42
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	34	86	0	0	0	0	0	0	34	86	120

MANOR CARE - ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	66	0	1	31	0	120
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
TOTALS	22	66	0	1	31	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	6.00
Certified Aides	31.00
Other Health Staff	14.00
Non-Health Staff	10.00
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
49.5%	22.3%	3.0%	2.7%	22.4%	100.0%		0.0%
4,915,491	2,216,194	300,403	271,744	2,220,241	9,924,073	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - SKOKIE
4660 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886
Health Service Area 007 Planning Service Area 702

Administrator
Dr. Michael Gottesman

Contact Person and Telephone
Dr. Michael Gottesman
847-676-4800

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	56	56	35	56	26	30	56	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	56	56	35	56	26	30	56	14

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	22
Total Admissions 2007	214
Total Discharges 2007	210
Residents on 12/31/2007	26

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3724	18.2%	4006	78.4%	2081	9811	48.0%	48.0%
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	3724	18.2%	4006	78.4%	2081	9811	48.0%	48.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	11	15	0	0	0	0	0	0	11	15	26

MANOR CARE - SKOKIE
4660 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	12	0	1	5	0	26
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
TOTALS	8	12	0	1	5	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	374	187
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	3	0	0	0	3
Total	26	0	0	0	26

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	1.00
Non-Health Staff	18.00
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
67.6%	19.3%	0.2%	2.2%	10.7%	100.0%		0.0%
1,950,863	555,468	4,657	64,730	308,236	2,883,954	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - SOUTH HOLLAND
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6011589
Health Service Area 007 Planning Service Area 705

Administrator
Kimberly Saggese

Contact Person and Telephone
Kimberly Saggese
708-895-3255

Date Completed
4/17/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	4
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	41
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	21
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	154

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	180	200	154	46	200	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	200	200	180	200	154	46	200	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	155
Total Admissions 2007	1186
Total Discharges 2007	1187
Residents on 12/31/2007	154

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	29769	40.8%	15445	141.1%	14300	59514	81.5%	81.5%
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	29769	40.8%	15445	141.1%	14300	59514	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	5	5	10
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	27	28	0	0	0	0	0	0	27	28	55
85+	10	39	0	0	0	0	0	0	10	39	49
TOTALS	56	98	0	0	0	0	0	0	56	98	154

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - SOUTH HOLLAND
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6011589
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	79	54	0	6	15	0	154
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
TOTALS	79	54	0	6	15	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	238	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	5	0	0	0	5
Total	154	0	0	0	154

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	21.00
LPN's	18.00
Certified Aides	69.00
Other Health Staff	35.00
Non-Health Staff	52.00
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
73.5%	7.5%	2.3%	10.3%	6.4%	100.0%		0.0%
14,449,844	1,473,974	459,132	2,015,014	1,250,602	19,648,566	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

Administrator
Anthony Schrieber

Contact Person and Telephone
Anthony Schreiber
630-323-4400

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	2
Circulatory System	5
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	25
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	155	155	155	155	125	30	155	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	155	155	155	155	125	30	155	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	1098
Total Discharges 2007	1095
Residents on 12/31/2007	125

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17821	31.5%	14518	63.1%	14809	47148	83.3%	83.3%
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%
TOTALS	17821	31.5%	14518	63.1%	14809	47148	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	10	0	0	0	0	0	0	8	10	18
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	17	26	0	0	0	0	0	0	17	26	43
85+	11	17	0	0	0	0	0	0	11	17	28
TOTALS	53	72	0	0	0	0	0	0	53	72	125

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	40	5	7	30	0	125
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
TOTALS	43	40	5	7	30	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	10	0	0	0	10
Total	125	0	0	0	125

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	5	0	0	0	5
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	19.00
Certified Aides	68.00
Other Health Staff	20.00
Non-Health Staff	45.00
Totals	179.00

NET REVENUE BY PAYOR 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%	11.3%	1.1%	11.1%	17.3%	100.0%		0.0%
8,146,512	1,553,693	147,333	1,529,973	2,376,823	13,754,334	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE - 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
Danielle Wilson-Kramer
847-256-5000

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	80	79	68	79	66	14	80	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	80	79	68	79	66	14	80	37

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	262
Total Discharges 2007	263
Residents on 12/31/2007	66

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4745	16.3%	11315	83.8%	4380	20440	70.0%	70.9%
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	4745	16.3%	11315	83.8%	4380	20440	70.0%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	3	10	13
75 to 84	16	11	0	0	0	0	0	0	16	11	27
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	26	40	0	0	0	0	0	0	26	40	66

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE - WILMETTE
432 POPLAR DRIVE
WILMETTE, IL. 60091

Reference Numbers Facility ID 6006563
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	31	0	1	17	0	66
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
TOTALS	17	31	0	1	17	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	2	0	0	0	2
Total	66	0	0	0	66

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	2.00
Certified Aides	15.50
Other Health Staff	5.50
Non-Health Staff	19.20
Totals	52.40

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
40.8%	20.7%	2.8%	4.7%	31.0%	100.0%		0.0%
2,073,316	1,053,797	140,465	237,753	1,574,461	5,079,792	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Brandon Davidson

Contact Person and Telephone
Bobbi Beake
847-266-9266

Date Completed
4/3/2008

Registered Agent Information
CT Corporation System
208 S. Lasalle Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	20
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	215	215	98	120	87	128	208	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	215	215	98	120	87	128	208	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	382
Total Discharges 2007	379
Residents on 12/31/2007	87

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8439	11.1%	17255	66.6%	7414	33108	42.2%	42.2%
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%
TOTALS	8439	11.1%	17255	66.6%	7414	33108	42.2%	42.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	4	24	0	0	0	0	0	0	4	24	28
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	19	68	0	0	0	0	0	0	19	68	87

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	49	0	4	10	0	87
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
TOTALS	24	49	0	4	10	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	316	228
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	29.00
Other Health Staff	23.00
Non-Health Staff	17.50
Totals	85.50

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
50.7%	26.7%	3.5%	6.4%	12.6%	100.0%		0.0%
3,769,958	1,985,256	262,546	473,757	938,695	7,430,212	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR CARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168
Health Service Area 007 Planning Service Area 702

Administrator
Eliana Casella

Contact Person and Telephone
Eliana Casella
847-795-9700

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	1
Circulatory System	26
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	158	158	158	158	98	60	158	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	158	158	158	158	98	60	158	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	103
Total Admissions 2007	414
Total Discharges 2007	419
Residents on 12/31/2007	98

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10583	18.4%	16576	79.7%	11822	38981	67.6%	67.6%
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%
TOTALS	10583	18.4%	16576	79.7%	11822	38981	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	24	74	0	0	0	0	0	0	24	74	98

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MANOR CARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	49	0	5	22	0	98
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
TOTALS	22	49	0	5	22	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.00
Certified Aides	41.00
Other Health Staff	20.00
Non-Health Staff	49.00
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
52.2%	17.9%	2.3%	3.8%	23.8%	100.0%		0.0%
5,096,341	1,752,004	222,351	371,950	2,319,532	9,762,178	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/21/2008

Registered Agent Information
J. Michael Bibo
285 South Farnham Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	45	45	45	45	41	4	45	15
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	33	33	28	33	26	7		
TOTAL BEDS	78	78	73	78	67	11	45	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	43
Total Admissions 2007	171
Total Discharges 2007	147
Residents on 12/31/2007	67

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3398	20.7%	1063	19.4%	8167	12628	76.9%	76.9%
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					8083	8083	67.1%	67.1%
TOTALS	3398	20.7%	1063	19.4%	16250	20711	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	9	0	0	0	0	3	3	5	12	17
85+	6	23	0	0	0	0	3	15	9	38	47
TOTALS	8	33	0	0	0	0	6	20	14	53	67

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6016133
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	4	0	0	26	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	11	4	0	0	52	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	110	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	26	67
Race Unknown	0	0	0	0	0
Total	41	0	0	26	67

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	26	67
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	26	67

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	25.00
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
34.3%	3.2%	0.0%	0.5%	62.0%	100.0%		0.0%
1,285,683	118,746	0	17,797	2,324,431	3,746,659	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Manor Court of Peru
3230 Becker Drive
PERU, IL. 61354

Reference Numbers Facility ID 6015887
Health Service Area 002 Planning Service Area 099

Administrator
Darcee D Fanning

Contact Person and Telephone
Darcee D. Fanning
815/220-1400

Date Completed
6/27/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	74	1	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	28	28	28	26	2		
TOTAL BEDS	103	103	103	103	100	3	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	209
Total Discharges 2007	199
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6660	0.0%	3297	0.0%	16219	26176	95.6%	95.6%
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					9210	9210	90.1%	90.1%
TOTALS	6660	0.0%	3297	0.0%	25429	35386	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	1	0	1
75 to 84	4	21	0	0	0	0	1	5	5	26	31
85+	9	39	0	0	0	0	5	14	14	53	67
TOTALS	14	60	0	0	0	0	6	20	20	80	100

Manor Court of Peru
3230 Becker Drive
PERU, IL. 61354

Reference Numbers Facility ID 6015887
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	10	0	0	46	0	74
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	18	10	0	0	72	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.50
Certified Aides	33.40
Other Health Staff	25.50
Non-Health Staff	15.90
Totals	94.30

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
37.2%	5.7%	0.0%	0.0%	57.2%	100.0%		0.2%
2,206,982	335,967	0	0	3,394,067	5,937,016	13,254	

FACILITY NOTES

Bed Change 2/9/2007 Added 9 nursing care beds; facility now has 75 nursing care and 28 sheltered care beds.

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

Date Completed
5/9/2008

Registered Agent Information
Bibo, Michael J.
239 South Cherry St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	69	69	60	9	65	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	29	24	29	9	20		
TOTAL BEDS	98	98	93	98	69	29	65	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	156
Total Discharges 2007	167
Residents on 12/31/2007	69

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5018	21.2%	6232	26.3%	9561	20811	82.6%	82.6%
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					4436	4436	41.9%	41.9%
TOTALS	5018	21.2%	6232	26.3%	13997	25247	70.6%	70.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
75 to 84	8	17	0	0	0	0	0	6	8	23	31
85+	5	26	0	0	0	0	0	3	5	29	34
TOTALS	15	45	0	0	0	0	0	9	15	54	69

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Manor Court of Princeton
140 North Sixth Street
PRINCETON, IL. 61356

Reference Numbers Facility ID 6015861
Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	21	0	0	28	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	9	0	9
TOTALS	11	21	0	0	37	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	175	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	9	69
Race Unknown	0	0	0	0	0
Total	60	0	0	9	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	9	68
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	9	69

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	10.00
Non-Health Staff	27.00
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
41.5%	10.5%	0.0%	0.4%	47.5%	100.0%		0.3%
2,241,687	568,168	0	20,786	2,565,639	5,396,281	18,427	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MANORCARE HEALTH SVS HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6012611
Health Service Area 007 Planning Service Area 705

Administrator
Leslie Miles

Contact Person and Telephone
Leslie Miles
708-799-0244

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	16
Mental Illness	3
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	109	11	120	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	120	120	120	120	109	11	120	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	113
Total Admissions 2007	610
Total Discharges 2007	614
Residents on 12/31/2007	109

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14114	32.2%	14404	56.4%	11653	40171	91.7%	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	14114	32.2%	14404	56.4%	11653	40171	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	10	46	0	0	0	0	0	0	10	46	56
TOTALS	24	85	0	0	0	0	0	0	24	85	109

MANORCARE HEALTH SVS HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6012611
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	48	0	6	21	0	109
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
TOTALS	34	48	0	6	21	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	56.00
Other Health Staff	29.00
Non-Health Staff	37.00
Totals	155.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
63.8%	15.5%	3.3%	5.0%	12.4%	100.0%		0.0%
6,796,024	1,652,763	354,570	536,562	1,316,148	10,656,067	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Marie Hartzog

Contact Person and Telephone
Patsy Winsel
815-547-6377

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	11
Developmental Disability	0
Circulatory System	30
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	86	86	82	86	82	4	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	82	86	82	4	86	86

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	141
Total Discharges 2007	144
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3283	10.5%	11092	35.3%	15545	29920	95.3%	95.3%
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%
TOTALS	3283	10.5%	11092	35.3%	15545	29920	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	11	39	0	0	0	0	0	0	11	39	50
TOTALS	20	62	0	0	0	0	0	0	20	62	82

MAPLE CREST CARE CENTRE
4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6005706
Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	29	0	1	40	0	82
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
TOTALS	12	29	0	1	40	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	7.50
Certified Aides	32.50
Other Health Staff	0.00
Non-Health Staff	24.50
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
27.2%	30.2%	0.0%	1.8%	40.8%	100.0%		0.0%
1,325,902	1,467,580	0	86,310	1,985,991	4,865,783	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722
Health Service Area 002 Planning Service Area 203

Administrator
John Koehler

Contact Person and Telephone
John Koehler
309-467-2337

Date Completed
4/30/2008

Registered Agent Information
Larry Leiken
120 South Main St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	89	76	76	69	20	89	77
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	25	19	25	15	14		
TOTAL BEDS	118	114	95	101	84	34	89	77

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	49
Total Discharges 2007	55
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1921	5.9%	13255	47.2%	10193	25369	78.1%	78.1%
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					6643	6643	62.8%	72.8%
TOTALS	1921	5.9%	13255	47.2%	16836	32012	74.3%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	14	0	0	0	0	0	2	4	16	20
85+	12	37	0	0	0	0	1	12	13	49	62
TOTALS	16	53	0	0	0	0	1	14	17	67	84

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	0	33	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	4	32	0	0	48	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	117	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	15	84
Race Unknown	0	0	0	0	0
Total	69	0	0	15	84

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	15	84
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	15	84

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.83
LPN's	9.00
Certified Aides	34.00
Other Health Staff	5.86
Non-Health Staff	22.38
Totals	78.07

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
9.8%	18.2%	0.0%	0.6%	71.4%	100.0%		0.0%
455,921	847,869	0	29,473	3,329,382	4,662,647	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MAPLE RIDGE CARE CENTRE
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490
Health Service Area 003 Planning Service Area 107

Administrator
Michelle Eyrse

Contact Person and Telephone
Michelle Eyrse
217-735-1538

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	10
Mental Illness	7
Developmental Disability	7
Circulatory System	1
Respiratory System	22
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	40
Non-Medical Conditions	1
TOTALS	104

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	108	22	104	22	42	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	108	22	104	22	42	126

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	210
Total Discharges 2007	202
Residents on 12/31/2007	104

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4274	27.9%	25842	56.2%	6739	36855	80.1%	80.1%
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%
TOTALS	4274	27.9%	25842	56.2%	6739	36855	80.1%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	7	0	0	0	0	0	0	8	7	15
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	34	70	0	0	0	0	0	0	34	70	104

MAPLE RIDGE CARE CENTRE
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	76	2	1	14	0	104
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
TOTALS	11	76	2	1	14	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	18.00
Certified Aides	36.00
Other Health Staff	9.00
Non-Health Staff	24.00
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
26.5%	57.2%	0.0%	4.3%	12.0%	100.0%		0.0%
1,356,991	2,926,654	0	218,610	612,273	5,114,528	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6012108
Health Service Area 003 Planning Service Area 001

Administrator
Annette Whitlock

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5665	97.0%	0	5665	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5665	97.0%	0	5665	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	6	9	0	0	6	9	15

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6012108
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.82
Non-Health Staff	2.00
Totals	10.07

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%	83.2%	0.0%	0.0%	16.8%	100.0%		0.0%
0	531,990	0	0	107,403	639,393	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pawn Thammarath
847-697-3750

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	51
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	84
Developmental Disability	2
Circulatory System	16
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	195

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	195	203	195	8	23	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	195	203	195	8	23	203

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	186
Total Admissions 2007	221
Total Discharges 2007	212
Residents on 12/31/2007	195

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1328	15.8%	61170	82.6%	5258	67756	91.4%	91.4%
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%
TOTALS	1328	15.8%	61170	82.6%	5258	67756	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	0	0	0	0	0	0	18	9	27
45 to 59	20	18	0	0	0	0	0	0	20	18	38
60 to 64	18	14	0	0	0	0	0	0	18	14	32
65 to 74	26	20	0	0	0	0	0	0	26	20	46
75 to 84	14	17	0	0	0	0	0	0	14	17	31
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	101	94	0	0	0	0	0	0	101	94	195

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123

Reference Numbers Facility ID 6004758
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	7	180	0	3	5	0	195
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
TOTALS	7	180	0	3	5	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	195	0	0	0	195

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	1.00
Certified Aides	43.00
Other Health Staff	7.00
Non-Health Staff	63.00
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
7.5%	66.1%	0.8%	1.0%	24.6%	100.0%		0.0%
538,186	4,756,614	54,370	74,854	1,771,968	7,195,992	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Margaret Manor
1121 North Orleans
Chicago, IL. 60610

Reference Numbers Facility ID 6005755
Health Service Area 006 Planning Service Area 602

Administrator
Arnetta Perry

Contact Person and Telephone
Arnetta Perry
312-943-4300

Date Completed
7/11/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	115
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	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	MEDICAID CERTIFIED
Nursing Care	135	135	128	135	115	20	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	135	135	128	135	115	20	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	47
Total Discharges 2007	55
Residents on 12/31/2007	115

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	41502	0.0%	722	42224	85.7%	85.7%
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	0	0.0%	41502	0.0%	722	42224	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	15	7	22
45 to 59	43	26	0	0	0	0	0	0	43	26	69
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	70	45	0	0	0	0	0	0	70	45	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Margaret Manor
1121 North Orleans
Chicago, IL. 60610

Reference Numbers Facility ID 6005755
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	1	0	115
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
TOTALS	0	114	0	0	1	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	3	0	0	0	3
Total	115	0	0	0	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	3	0	0	0	3
Total	115	0	0	0	115

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	20.00
Other Health Staff	1.00
Non-Health Staff	49.00
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%	99.1%	0.0%	0.0%	0.9%	100.0%		0.0%
0	3,866,662	0	0	35,931	3,902,593	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	86
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	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	93	99	86	13	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	93	99	86	13	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	55
Total Discharges 2007	60
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	31058	85.9%	297	31355	86.8%	86.8%
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	0	0.0%	31058	85.9%	297	31355	86.8%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	4	0	0	0	0	0	0	19	4	23
45 to 59	18	19	0	0	0	0	0	0	18	19	37
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	48	38	0	0	0	0	0	0	48	38	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARGARET MANOR - NORTH
940 WEST CULLOM AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID 6005763
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	85	0	0	1	0	86
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
TOTALS	0	85	0	0	1	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	6	0	0	0	6
Total	86	0	0	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

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	12.00
Other Health Staff	4.00
Non-Health Staff	30.00
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%	99.4%	0.0%	0.0%	0.6%	100.0%		0.0%
0	2,828,316	0	0	18,039	2,846,355	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARIAN CENTER FOR ADULT RES
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789
Health Service Area 006 Planning Service Area 601

Administrator
Val Freil

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	100
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			36276	99.4%	194	36470	99.9%	99.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	36276	99.4%	194	36470	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	40	41	0	0	40	41	81
45 to 59	0	0	0	0	10	9	0	0	10	9	19
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	50	50	0	0	50	50	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARIAN CENTER FOR ADULT RES
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	97	0	97
Race Unknown	0	0	0	0	0
Total	0	0	100	0	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.04
Director of Nursing	1.00
Registered Nurses	13.38
LPN's	3.31
Certified Aides	91.07
Other Health Staff	17.18
Non-Health Staff	9.00
Totals	135.98

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
0.0%	89.5%	10.5%	0.0%	0.0%	100.0%		0.0%
0	5,564,855	650,899	0	2,199	6,217,954	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Marigold Estates
3240 Barney Avenue
Pekin, IL. 61554

Reference Numbers Facility ID 6012140
Health Service Area 002 Planning Service Area 179

Administrator
Lori Dillman

Contact Person and Telephone
Richard Sloan
309-347-6514

Date Completed
7/3/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5761	#Div/0!	0	5761	98.6%	98.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5761	0.0%	0	5761	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	1	0	0	2	1	3
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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Marigold Estates
3240 Barney Avenue
Pekin, IL. 61554

Reference Numbers Facility ID 6012140
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.25

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%		0.0%
0	688,894	0	0	0	688,894	0	

MARIGOLD REHAB AND HEALTH CARE CENTER
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
309-691-8113

Date Completed
5/2/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	4
Circulatory System	18
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	172	172	127	172	108	64	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	172	127	172	108	64	172	172

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	376
Total Discharges 2007	390
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4321	6.9%	22091	35.2%	13732	40144	63.9%	63.9%
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	4321	6.9%	22091	35.2%	13732	40144	63.9%	63.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	3	0	0	0	0	0	0	6	3	9
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	14	18	0	0	0	0	0	0	14	18	32
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	11	13	0	0	0	0	0	0	11	13	24
TOTALS	47	61	0	0	0	0	0	0	47	61	108

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARIGOLD REHAB AND HEALTH CARE CENTER
275 East Carl Sandburg Drive
GALESBURG, IL. 61401

Reference Numbers Facility ID 6005797
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	69	0	2	22	0	108
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
TOTALS	15	69	0	2	22	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	4.00
Non-Health Staff	15.00
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
23.1%	44.2%	0.0%	0.0%	32.7%	100.0%		0.0%
1,319,100	2,525,985	0	0	1,864,040	5,709,125	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/28/2008

Registered Agent Information
Community Care Centers, Inc.
312 Solley Drive Rear
Ballwin, MO 63021

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	4
Developmental Disability	1
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	76	73	68	73	59	17	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	68	73	59	17	76	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	26
Total Discharges 2007	33
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2000	7.2%	12853	46.3%	8577	23430	84.5%	87.9%
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	2000	7.2%	12853	46.3%	8577	23430	84.5%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	4	2	6
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	16	43	0	0	0	0	0	0	16	43	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAR-KA NURSING HOME
201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6005748
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	0	3	17	0	59
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
TOTALS	5	34	0	3	17	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	11.00
Certified Aides	21.00
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
25.1%	40.0%	0.5%	0.0%	34.3%	100.0%		0.0%
733,826	1,167,725	15,709	0	1,001,682	2,918,942	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5433	#Div/0!	365	5798	99.3%	99.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5433	0.0%	365	5798	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	9	0	0	7	9	16
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	7	9	0	0	7	9	16

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	230
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.50
LPN's	1.00
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.05

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%	89.1%	0.0%	0.0%	10.9%	100.0%		0.0%
0	969,855	0	0	118,848	1,088,704	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lois Kramer

Contact Person and Telephone
Lois M. Kramer
630-529-2871

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	25
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	30	30	30	30	25	5		30
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	30	30	30	25	5	0	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	30
Total Admissions 2007	6
Total Discharges 2007	11
Residents on 12/31/2007	25

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			9660	88.2%	100	9760	89.1%	89.1%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	9660	88.2%	100	9760	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	9	7	0	0	0	0	9	7	16
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	13	12	0	0	0	0	13	12	25

MARKLUND CHILDREN'S HOME
164 SOUTH PRAIRIE AVENUE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6005805
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	23	1	0	1	0	25
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	23	1	0	1	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	207
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	2	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	5	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	18	0	0	18
Race Unknown	0	0	0	0	0
Total	0	25	0	0	25

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	21	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	0	25	0	0	25

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	21.00
Other Health Staff	5.00
Non-Health Staff	11.00
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%	98.7%	0.6%	0.0%	0.7%	100.0%		0.0%
0	2,514,199	15,316	0	16,619	2,546,136	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015770
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5835	99.9%	0	5835	99.9%	99.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5835	99.9%	0	5835	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	8	7	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	8	8	0	0	8	8	16

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015770
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	220
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.50
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.05

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%	95.2%	0.0%	0.0%	4.8%	100.0%		0.0%
0	1,148,178	0	0	58,433	1,206,612	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5402	#Div/0!	179	5581	95.6%	95.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5402	0.0%	179	5581	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	10	0	0	3	10	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	6	10	0	0	6	10	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6016240
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	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	1	0	1
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.50
LPN's	1.00
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.05

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%	88.7%	0.0%	0.0%	11.3%	100.0%		0.0%
0	902,645	0	0	114,769	1,017,415	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015804
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	365	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	10	0	0	3	10	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	3	13	0	0	3	13	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015804
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		15	0	1	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	1	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	233
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.50
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.05

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%	89.4%	0.0%	0.0%	10.6%	100.0%		0.0%
0	1,102,149	0	0	130,128	1,232,277	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015796
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	10	0	0	4	10	14
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	6	10	0	0	6	10	16

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015796
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	220
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.50
LPN's	0.50
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.55

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	94.0%	0.0%	0.0%	6.0%	100.0%		0.0%
0	1,130,253	0	0	72,027	1,202,280	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jessica O'Neall

Contact Person and Telephone
Jessica O'Neall
630-593-5500

Date Completed
5/4/2008

Registered Agent Information
Robin Welgat
2525 Cabot Dr., Suite 300

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5394	92.4%	365	5759	98.6%	98.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5394	92.4%	365	5759	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	3	8	11
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015788
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	230
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.50
LPN's	0.50
Certified Aides	12.50
Other Health Staff	4.50
Non-Health Staff	3.25
Totals	24.55

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	0.0%	0.0%	14.6%	100.0%		0.0%
0	1,003,945	0	0	171,487	1,175,433	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARYHAVEN NSG. & REHAB. CTR.
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854
Health Service Area 007 Planning Service Area 702

Administrator
Sara J. Szumski

Contact Person and Telephone
Sara J. Szumski
847-729-1300

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	24
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	135	135	122	135	107	28	135	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	122	135	107	28	135	135

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	138
Total Discharges 2007	146
Residents on 12/31/2007	107

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4719	9.6%	20471	41.5%	18087	43277	87.8%	87.8%
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	4719	9.6%	20471	41.5%	18087	43277	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	11	56	0	0	0	0	0	0	11	56	67
TOTALS	23	84	0	0	0	0	0	0	23	84	107

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARYHAVEN NSG. & REHAB. CTR.
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	42	0	2	44	0	107
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
TOTALS	19	42	0	2	44	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	186
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	35.50
Other Health Staff	3.00
Non-Health Staff	49.00
Totals	109.50

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
26.0%	31.1%	0.0%	0.0%	42.9%	100.0%		0.0%
2,069,017	2,477,241	0	0	3,415,666	7,961,924	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MARYVILLE MANOR
2133 VADALBENE DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189
Health Service Area 011 Planning Service Area 119

Administrator
M. Joann Newell

Contact Person and Telephone
M. Joann Newell
618-288-5999

Date Completed
4/23/2008

Registered Agent Information
Ron Wilson
285 S Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	8
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	96	89	96	74	46	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	120	96	89	96	74	46	96	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	103
Total Discharges 2007	110
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4428	12.6%	14085	40.2%	10108	28621	65.3%	81.7%
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	4428	12.6%	14085	40.2%	10108	28621	65.3%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	2	2	4
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	5	44	0	0	0	0	0	0	5	44	49
TOTALS	15	59	0	0	0	0	0	0	15	59	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MARYVILLE MANOR
2133 VADALBENE DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189
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	15	31	0	0	28	0	74
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
TOTALS	15	31	0	0	28	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	146
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	0.00
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
32.0%	28.7%	0.0%	0.0%	39.3%	100.0%		0.3%
1,575,543	1,413,152	0	0	1,932,070	4,920,766	14,115	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Joyce Conrady

Contact Person and Telephone
Joyce Conrady
217-482-5022

Date Completed
4/4/2008

Registered Agent Information
Craig Ater
520 N. Price Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	1
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	66	66	66	66	66	0	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	31	15	31	15	16		
TOTAL BEDS	97	97	81	97	81	16	66	66

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	75
Total Admissions 2007	70
Total Discharges 2007	64
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2702	11.2%	11093	46.0%	8821	22616	93.9%	93.9%
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					4967	4967	43.9%	43.9%
TOTALS	2702	11.2%	11093	46.0%	13788	27583	77.9%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	6	9	0	0	0	0	1	3	7	12	19
85+	9	36	0	0	0	0	0	11	9	47	56
TOTALS	17	49	0	0	0	0	1	14	18	63	81

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	32	0	1	22	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	11	32	0	1	37	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	73	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	15	81
Race Unknown	0	0	0	0	0
Total	66	0	0	15	81

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	15	81
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	15	81

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	24.00
Other Health Staff	4.00
Non-Health Staff	34.00
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
26.2%	32.5%	0.0%	0.0%	41.4%	100.0%		0.0%
874,700	1,085,475	0	0	1,383,771	3,343,946	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691
Health Service Area 004 Planning Service Area 139

Administrator
Karen Noffke

Contact Person and Telephone
Karen Noffke
217-728-4394

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	30
Mental Illness	8
Developmental Disability	1
Circulatory System	18
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	122	120	113	120	104	18	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	48	48	22	48	17	31		
TOTAL BEDS	170	168	135	168	121	49	72	72

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	88
Total Discharges 2007	89
Residents on 12/31/2007	121

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2532	9.6%	11588	44.1%	24236	38356	86.1%	87.6%
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					7085	7085	40.4%	40.4%
TOTALS	2532	9.6%	11588	44.1%	31321	45441	73.2%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	7	0	0	0	0	0	1	2	8	10
75 to 84	8	11	0	0	0	0	1	4	9	15	24
85+	16	57	0	0	0	0	2	7	18	64	82
TOTALS	28	76	0	0	0	0	5	12	33	88	121

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691
Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	35	0	0	38	26	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	5	12	17
TOTALS	5	35	0	0	43	38	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	17	121
Race Unknown	0	0	0	0	0
Total	104	0	0	17	121

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	17	121
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	17	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.07
LPN's	13.34
Certified Aides	34.70
Other Health Staff	7.09
Non-Health Staff	64.16
Totals	124.36

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
20.1%	21.8%	0.0%	0.0%	58.1%	100.0%		0.0%
963,981	1,043,879	0	0	2,785,221	4,793,081	0	

FACILITY NOTES

Bed Change	10/13/2007	Discontinued 24 Nursing Care beds; facility now has 122 Nursing Care and 48 Sheltered Care beds.

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967
Health Service Area 007 Planning Service Area 702

Administrator
Kit Keane

Contact Person and Telephone
Kit Keane
847-492-7211

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	25
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	19
Non-Medical Conditions	12
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	158	158	123	158	113	45	10	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	123	158	113	45	10	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	179
Total Discharges 2007	178
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2852	78.1%	0	0.0%	38861	41713	72.3%	72.3%
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%
TOTALS	2852	78.1%	0	0.0%	38861	41713	72.3%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	16	0	0	0	0	0	0	7	16	23
85+	11	76	0	0	0	0	0	0	11	76	87
TOTALS	19	94	0	0	0	0	0	0	19	94	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967
Health Service Area 007 Planning Service Area 702

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	106	0	113
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
TOTALS	7	0	0	0	106	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	229
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	113	0	0	0	113
Total	113	0	0	0	113

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.50
LPN's	7.30
Certified Aides	56.50
Other Health Staff	0.00
Non-Health Staff	61.28
Totals	150.58

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
11.6%	0.0%	0.0%	0.1%	88.3%	100.0%		0.0%
1,297,000	0	0	10,000	9,829,000	11,136,000	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6014393
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/26/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6014393
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		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	149
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.36
LPN's	0.00
Certified Aides	6.17
Other Health Staff	0.78
Non-Health Staff	1.95
Totals	9.51

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	774,460	0	0	85,696	860,157	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896
Health Service Area 006 Planning Service Area 602

Administrator
Moshe Davis

Contact Person and Telephone
Moshe Davis
773-261-7074

Date Completed
4/30/2008

Registered Agent Information
Stanley M. Klem
3553 W. Peterson Ave. , Suite 300

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	68
Mental Illness	13
Developmental Disability	1
Circulatory System	2
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	156	156	126	156	113	43	104	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	126	156	113	43	104	156

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	119
Total Admissions 2007	388
Total Discharges 2007	394
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4395	11.6%	38433	67.5%	343	43171	75.8%	75.8%
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	4395	11.6%	38433	67.5%	343	43171	75.8%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	7	0	0	0	0	0	0	13	7	20
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	21	4	0	0	0	0	0	0	21	4	25
75 to 84	20	7	0	0	0	0	0	0	20	7	27
85+	10	14	0	0	0	0	0	0	10	14	24
TOTALS	75	38	0	0	0	0	0	0	75	38	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896
Health Service Area 006 Planning Service Area 602

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	101	0	0	1	0	113
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
TOTALS	11	101	0	0	1	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	110	0	0	0	110
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	19.00
Certified Aides	45.00
Other Health Staff	0.00
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
33.3%	62.2%	2.7%	0.0%	1.9%	100.0%		0.0%
2,300,834	4,303,177	184,244	0	128,153	6,916,409	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605
Health Service Area 006 Planning Service Area 601

Administrator

Contact Person and Telephone
MARY PAT O'BRIEN
312-973-6300

Date Completed
4/30/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	10	0	10
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	12	0	0	0	12	0	12

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.70
Other Health Staff	1.60
Non-Health Staff	0.15
Totals	11.85

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%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	671,260	80,808	0	1,962	754,031	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Mcallister Nursing Home
18300 South Lavergne Avenue
Tinley Park, IL. 60477

Reference Numbers Facility ID 6005904
Health Service Area 007 Planning Service Area 705

Administrator
Geraldine Wagner

Contact Person and Telephone
Geraldine Wagner
708-798-2272

Date Completed
6/17/2008

Registered Agent Information
Theresa Russo
18300 S La Vergne
Tinley Park, IL 60477

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	26
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	8
Injuries and Poisonings	0
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	111	111	90	111	88	23	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	90	111	88	23	79	111

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	81
Total Discharges 2007	70
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4410	15.3%	19560	48.3%	2925	26895	66.4%	66.4%
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%
TOTALS	4410	15.3%	19560	48.3%	2925	26895	66.4%	66.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	10	0	0	0	0	0	0	8	10	18
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	26	62	0	0	0	0	0	0	26	62	88

Mcallister Nursing Home
18300 South Lavergne Avenue
Tinley Park, IL. 60477

Reference Numbers Facility ID 6005904
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	68	3	5	5	0	88
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
TOTALS	7	68	3	5	5	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	36.00
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
31.6%	68.4%	0.0%	0.0%	0.0%	100.0%		0.5%
1,102,949	2,389,722	0	0	0	3,492,671	16,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60632

Reference Numbers Facility ID 6006217
Health Service Area 006 Planning Service Area 603

Administrator
Peggy Friedrich

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/5/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	106
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	125	125	106	125	106	19		99
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	106	125	106	19	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	9
Total Discharges 2007	8
Residents on 12/31/2007	106

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			35718	98.8%	2198	37916	83.1%	83.1%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	35718	98.8%	2198	37916	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	16	20	0	0	0	0	16	20	36
18 to 44	0	0	39	27	0	0	0	0	39	27	66
45 to 59	0	0	2	2	0	0	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	57	49	0	0	0	0	57	49	106

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60632

Reference Numbers Facility ID 6006217
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	100	0	0	6	0	106
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	100	0	0	6	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	301	301
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	5	0	0	5
Amer. Indian	0	0	0	0	0
Black	0	27	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	74	0	0	74
Race Unknown	0	0	0	0	0
Total	0	106	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	12	0	0	12
Non-Hispanic	0	94	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	0	106	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.04
Director of Nursing	1.80
Registered Nurses	12.00
LPN's	15.66
Certified Aides	81.91
Other Health Staff	59.20
Non-Health Staff	20.75
Totals	192.36

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
0.0%	88.6%	2.3%	0.0%	9.2%	100.0%		0.0%
0	6,795,459	174,501	0	702,193	7,672,153	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6012777
Health Service Area 002 Planning Service Area 109

Administrator
Stephen R. Hopper

Contact Person and Telephone
Teresa Bennett
309-833-4101

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	16	16	15	16	4	12	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	15	16	4	12	16	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	389
Total Discharges 2007	391
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3028	51.8%	0	0.0%	280	3308	56.6%	56.6%
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%
TOTALS	3028	51.8%	0	0.0%	280	3308	56.6%	56.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	0	4	0	0	0	0	0	0	0	4	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6012777
Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	0	1	0	0	4
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
TOTALS	3	0	0	1	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	650	610
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.60
LPN's	4.80
Certified Aides	2.40
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	18.80

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864
Health Service Area 006 Planning Service Area 601

Administrator
Denise Tigges

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	7	8	15
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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	1.38
Certified Aides	14.10
Other Health Staff	7.94
Non-Health Staff	3.50
Totals	28.29

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%	93.6%	6.4%	0.0%	0.0%	100.0%		0.0%
0	918,014	62,827	0	33	980,874	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MCKINLEY COURT
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers Facility ID 6005938
Health Service Area 004 Planning Service Area 115

Administrator
CHARLES M. JORDAN JR

Contact Person and Telephone
CHARLES M JORDAN JR
217-875-0020

Date Completed
5/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	29
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	42
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	148	150	148	2	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	148	150	148	2	150	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	148
Total Admissions 2007	191
Total Discharges 2007	191
Residents on 12/31/2007	148

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13010	23.8%	30632	55.9%	10130	53772	98.2%	98.2%
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%
TOTALS	13010	23.8%	30632	55.9%	10130	53772	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	13	0	0	0	0	0	0	0	13	13
75 to 84	19	35	0	0	0	0	0	0	19	35	54
85+	16	64	0	0	0	0	0	0	16	64	80
TOTALS	35	113	0	0	0	0	0	0	35	113	148

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MCKINLEY COURT
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers Facility ID 6005938
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	63	0	0	44	0	148
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
TOTALS	41	63	0	0	44	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	1	0	0	0	1
Total	148	0	0	0	148

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	147	0	0	0	147
Total	148	0	0	0	148

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	32.00
Other Health Staff	7.00
Non-Health Staff	48.00
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
42.3%	32.2%	0.1%	0.6%	24.8%	100.0%		0.0%
3,293,571	2,504,588	7,497	43,336	1,931,201	7,780,193	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers Facility ID 6005946
Health Service Area 004 Planning Service Area 113

Administrator
Donald Lee

Contact Person and Telephone
Sandy Wiles
309-888-5380

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	25
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	140

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	150	150	140	10	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	150	140	10	18	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	146
Total Admissions 2007	41
Total Discharges 2007	47
Residents on 12/31/2007	140

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1347	20.5%	34070	62.2%	11536	46953	85.8%	85.8%
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	1347	20.5%	34070	62.2%	11536	46953	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	7	35	0	0	0	0	0	0	7	35	42
85+	18	65	0	0	0	0	0	0	18	65	83
TOTALS	33	107	0	0	0	0	0	0	33	107	140

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers Facility ID 6005946
Health Service Area 004 Planning Service Area 113

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	98	0	37	0	0	140
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
TOTALS	5	98	0	37	0	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

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	52.00
Other Health Staff	11.00
Non-Health Staff	52.00
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
9.5%	65.2%	0.0%	0.0%	25.3%	100.0%		0.0%
667,211	4,572,132	0	0	1,774,712	7,014,055	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MCLEANSBORO REHAB & HEALTH CARE CENTE
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6005417
Health Service Area 005 Planning Service Area 059

Administrator
Pamela Haywood

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	1
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	43	42	42	42	38	5	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	42	42	42	38	5	43	43

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	34
Total Admissions 2007	41
Total Discharges 2007	37
Residents on 12/31/2007	38

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2003	12.8%	9726	62.0%	2184	13913	88.6%	90.8%
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	2003	12.8%	9726	62.0%	2184	13913	88.6%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	0	4	12	16
85+	2	17	0	0	0	0	0	0	2	17	19
TOTALS	6	32	0	0	0	0	0	0	6	32	38

MCLEANSBORO REHAB & HEALTH CARE CENTE
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6005417
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	0	9	0	38
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
TOTALS	4	25	0	0	9	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	3.00
Non-Health Staff	5.00
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
39.4%	49.3%	0.0%	0.0%	11.2%	100.0%		0.0%
699,933	876,050	0	0	199,248	1,775,231	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOW MANOR
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6005953
Health Service Area 003 Planning Service Area 021

Administrator
Susan Johnson

Contact Person and Telephone
Rosemary Tate
217-824-2277

Date Completed
5/13/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	2
Blood Disorders	15
*Nervous System Non Alzheimer	25
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	10
Circulatory System	15
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	90	83	90	83	13	0	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	96	90	83	90	83	13	0	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	164
Total Discharges 2007	152
Residents on 12/31/2007	83

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4211	0.0%	14246	26.0%	9163	27620	78.8%	84.1%
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%
TOTALS	4211	0.0%	14246	26.0%	9163	27620	78.8%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	3	8	0	0	0	0	0	0	3	8	11
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	11	36	0	0	0	0	0	0	11	36	47
TOTALS	22	61	0	0	0	0	0	0	22	61	83

MEADOW MANOR
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6005953
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	43	0	0	26	0	83
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
TOTALS	14	43	0	0	26	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	83	0	0	0	83
Total	83	0	0	0	83

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	33.00
Other Health Staff	2.00
Non-Health Staff	29.00
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
44.3%	29.2%	0.0%	0.0%	26.5%	100.0%		0.0%
1,504,557	990,180	0	0	899,043	3,393,780	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6011399
Health Service Area 005 Planning Service Area 059

Administrator
Tonya Lindsey

Contact Person and Telephone
Beth Quick
618-234-5657

Date Completed
4/23/2008

Registered Agent Information
Steven K. Quick
2025B Broadway, P. O. Box 705

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	3	3	6
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	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

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6011399
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.25
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	11.20

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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	693,948	0	0	0	693,948	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

Administrator
Ralph Ricana

Contact Person and Telephone
Ralph Ricana
630-759-1112

Date Completed
5/2/2008

Registered Agent Information
Charles Sheet
321 N.Clark St. Suite 2800

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	47
Mental Illness	5
Developmental Disability	1
Circulatory System	42
Respiratory System	24
Digestive System	17
Genitourinary System Disorders	18
Skin Disorders	7
Musculo-skeletal Disorders	17
Injuries and Poisonings	10
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	298	298	276	298	263	35	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	276	298	263	35	298	298

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	263
Total Admissions 2007	310
Total Discharges 2007	310
Residents on 12/31/2007	263

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11126	10.2%	82699	76.0%	4228	98053	90.1%	90.1%
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%
TOTALS	11126	10.2%	82699	76.0%	4228	98053	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	8	0	0	0	0	0	0	17	8	25
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	19	16	0	0	0	0	0	0	19	16	35
75 to 84	22	68	0	0	0	0	0	0	22	68	90
85+	12	78	0	0	0	0	0	0	12	78	90
TOTALS	80	183	0	0	0	0	0	0	80	183	263

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	106	15	6	103	0	263
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
TOTALS	33	106	15	6	103	0	263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	186
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pac. Isl.	0	0	0	0	0
White	194	0	0	0	194
Race Unknown	0	0	0	0	0
Total	263	0	0	0	263

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	29.00
Certified Aides	105.00
Other Health Staff	3.00
Non-Health Staff	62.00
Totals	224.00

NET REVENUE BY PAYOR 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%	60.0%	3.5%	1.3%	6.6%	100.0%		0.0%
4,954,774	10,379,860	603,527	225,410	1,143,727	17,307,298	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Meadowbrook Manor
720 Raymond Drive
Naperville, IL. 60563

Reference Numbers Facility ID 6014518
Health Service Area 007 Planning Service Area 703

Administrator
Roselisa Bundalian

Contact Person and Telephone
Roselisa Bundalian
630-355-0220

Date Completed
7/14/2008

Registered Agent Information
Chuck Sheets
321 North Clark Street, Suite 2800
Chicago, IL 60610

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	16
Blood Disorders	5
*Nervous System Non Alzheimer	17
Alzheimer Disease	37
Mental Illness	22
Developmental Disability	0
Circulatory System	78
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	245	245	242	245	232	13	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	245	245	242	245	232	13	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	228
Total Admissions 2007	279
Total Discharges 2007	275
Residents on 12/31/2007	232

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10089	0.0%	60103	0.0%	14740	84932	95.0%	95.0%
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	10089	0.0%	60103	0.0%	14740	84932	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	15	21	0	0	0	0	0	0	15	21	36
75 to 84	21	59	0	0	0	0	0	0	21	59	80
85+	18	86	0	0	0	0	0	0	18	86	104
TOTALS	62	170	0	0	0	0	0	0	62	170	232

Meadowbrook Manor
720 Raymond Drive
Naperville, IL. 60563

Reference Numbers Facility ID 6014518
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	165	0	2	37	0	232
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
TOTALS	28	165	0	2	37	0	232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	12	0	0	0	12
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	194	0	0	0	194
Race Unknown	0	0	0	0	0
Total	232	0	0	0	232

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	225	0	0	0	225
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.90
LPN's	9.30
Certified Aides	75.90
Other Health Staff	11.30
Non-Health Staff	57.10
Totals	180.50

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
30.0%	53.8%	2.5%	1.5%	12.2%	100.0%		0.0%
4,426,226	7,927,791	371,383	223,773	1,792,957	14,742,130	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Meadowbrook Manor Lagrange
339 South 9th Street
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281
Health Service Area 007 Planning Service Area 705

Administrator
David Shires

Contact Person and Telephone
David Shires
708-354-4660

Date Completed
5/2/2008

Registered Agent Information
Charles Sheets
321 north Clark St. Ste. 2800

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	32
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	14
Digestive System	10
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	197	197	145	197	113	84	43	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	197	197	145	197	113	84	43	203

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	602
Total Discharges 2007	625
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7706	49.1%	26903	36.3%	13274	47883	66.6%	66.6%
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%
TOTALS	7706	49.1%	26903	36.3%	13274	47883	66.6%	66.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	13	0	0	0	0	0	0	11	13	24
60 to 64	3	9	0	0	0	0	0	0	3	9	12
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	39	74	0	0	0	0	0	0	39	74	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Meadowbrook Manor Lagrange
339 South 9th Street
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	71	14	0	2	26	0	113
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
TOTALS	71	14	0	2	26	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	21.00
Certified Aides	62.00
Other Health Staff	10.00
Non-Health Staff	46.00
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
39.5%	44.7%	1.2%	1.0%	13.6%	100.0%		0.0%
3,703,328	4,189,379	109,641	96,242	1,277,938	9,376,528	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Reference Numbers Facility ID 6005987
Health Service Area 005 Planning Service Area 193

Administrator

Contact Person and Telephone
MICHAEL A. CUNNINGHAM
618-375-2171

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	2
Developmental Disability	1
Circulatory System	11
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	74	74	61	74	55	19	0	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	74	74	61	74	55	19	0	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	65
Total Discharges 2007	68
Residents on 12/31/2007	55

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12768	37.2%	7821	20589	76.2%	76.2%
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%
TOTALS	0	0.0%	12768	37.2%	7821	20589	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	16	39	0	0	0	0	0	0	16	39	55

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Reference Numbers Facility ID 6005987
Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	36	0	0	19	0	55
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
TOTALS	0	36	0	0	19	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	4.00
Non-Health Staff	23.00
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%	55.2%	0.0%	0.0%	44.8%	100.0%		0.0%
0	818,022	0	0	662,672	1,480,695	0	

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995
Health Service Area 007 Planning Service Area 701

Administrator
Georgette Miller

Contact Person and Telephone
Robin Witt
847-397-0055

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	99	99	98	1		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	98	1	0	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	8
Total Discharges 2007	5
Residents on 12/31/2007	98

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			33890	93.8%	975	34865	96.5%	96.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	33890	93.8%	975	34865	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	15	6	21
45 to 59	0	0	0	0	15	29	0	0	15	29	44
60 to 64	0	0	0	0	8	5	0	0	8	5	13
65 to 74	0	0	0	0	6	12	0	0	6	12	18
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	45	53	0	0	45	53	98

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		96	0	0	2	0	98
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	2	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	133
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	90	0	90
Race Unknown	0	0	0	0	0
Total	0	0	98	0	98

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	98	0	98

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	22.00
Other Health Staff	5.00
Non-Health Staff	36.00
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%	98.6%	0.0%	0.0%	1.4%	100.0%		0.0%
0	4,498,445	0	0	65,632	4,564,077	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID 6006001
Health Service Area 004 Planning Service Area 113

Administrator
Robert O. Bertsche

Contact Person and Telephone
Robert O. Bertsche
309-747-2702

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	80
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	130	106	130	102	28	116	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	6	3	6	3	26		
TOTAL BEDS	159	136	109	136	105	54	116	130

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	100
Total Admissions 2007	61
Total Discharges 2007	56
Residents on 12/31/2007	105

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	588	1.4%	18726	39.5%	17941	37255	78.5%	78.5%
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					546	546	5.2%	24.9%
TOTALS	588	1.4%	18726	39.5%	18487	37801	65.1%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	14	31	0	0	0	0	0	1	14	32	46
85+	8	39	0	0	0	0	1	1	9	40	49
TOTALS	27	75	0	0	0	0	1	2	28	77	105

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID 6006001
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	45	0	0	53	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	4	45	0	0	56	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	3	105
Race Unknown	0	0	0	0	0
Total	102	0	0	3	105

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	3	105
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	3	105

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	54.00
Other Health Staff	2.00
Non-Health Staff	81.00
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
3.2%	34.3%	0.0%	6.8%	55.7%	100.0%		0.0%
167,127	1,781,952	0	352,114	2,888,314	5,189,507	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	1
Circulatory System	12
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	87	87	87	72	17	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	87	87	87	72	17	89	89

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	71
Total Admissions 2007	79
Total Discharges 2007	78
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2067	6.4%	17266	53.2%	7552	26885	82.8%	84.7%
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	2067	6.4%	17266	53.2%	7552	26885	82.8%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	3	9	12
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	14	58	0	0	0	0	0	0	14	58	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MEDINA NURSING CENTER
402 S. Center St
DURAND, IL. 61024

Reference Numbers Facility ID 6006019
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	45	0	0	22	0	72
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
TOTALS	5	45	0	0	22	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	6.00
Non-Health Staff	41.00
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
20.8%	41.9%	3.1%	3.9%	30.3%	100.0%		0.0%
783,575	1,578,626	115,475	147,468	1,140,182	3,765,326	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MEMORIAL CONVALESCENT CENTER
4500 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 Crook
618-257-5057

Date Completed
4/3/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	108	67	67	67	58	50	108	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	108	67	67	67	58	50	108	14

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	891
Total Discharges 2007	884
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10743	27.3%	3577	70.0%	7577	21897	55.5%	89.5%
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	10743	27.3%	3577	70.0%	7577	21897	55.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	2	8	0	0	0	0	0	0	2	8	10
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	12	46	0	0	0	0	0	0	12	46	58

MEMORIAL CONVALESCENT CENTER
4500 MEMORIAL DRIVE
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6006035
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	10	0	10	9	0	58
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
TOTALS	29	10	0	10	9	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	16.00
Non-Health Staff	8.00
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
57.4%	4.9%	0.0%	37.7%	0.0%	100.0%		0.2%
3,809,076	328,208	0	2,498,799	0	6,636,083	15,252	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Memorial Medical Center-South Street
527 West South Street
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
David A. Shinherr

Contact Person and Telephone
David A. Shinherr
815-759-4603

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	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	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	40	30	30	30	18	22	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	30	30	30	18	22	40	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	10
Total Admissions 2007	538
Total Discharges 2007	530
Residents on 12/31/2007	18

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6680	45.8%	0	0.0%	1124	7804	53.5%	71.3%
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%
TOTALS	6680	45.8%	0	0.0%	1124	7804	53.5%	71.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	8	10	0	0	0	0	0	0	8	10	18

Memorial Medical Center-South Street
527 West South Street
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	3	0	0	18
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
TOTALS	15	0	0	3	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	590	590
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.50
Registered Nurses	15.10
LPN's	0.00
Certified Aides	17.20
Other Health Staff	8.25
Non-Health Staff	0.00
Totals	43.05

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MENARD CONVALESCENT CENTER
120 WEST ANTLE STREET
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6006043
Health Service Area 003 Planning Service Area 129

Administrator
Janice L. Tabor

Contact Person and Telephone
Janice L. Tabor
217-632-2249

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	50

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	86	76	50	76	50	36	30	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	76	50	76	50	36	30	86

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	47
Total Admissions 2007	100
Total Discharges 2007	97
Residents on 12/31/2007	50

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1836	16.8%	8171	26.0%	7099	17106	54.5%	61.7%
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	1836	16.8%	8171	26.0%	7099	17106	54.5%	61.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	3	0	0	0	0	0	0	5	3	8
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	20	30	0	0	0	0	0	0	20	30	50

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MENARD CONVALESCENT CENTER
120 WEST ANTLE STREET
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6006043
Health Service Area 003 Planning Service Area 129

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	21	0	0	17	0	50
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
TOTALS	12	21	0	0	17	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	31.00
Other Health Staff	2.00
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
38.4%	28.0%	0.0%	0.0%	33.6%	100.0%		0.0%
931,687	679,039	0	0	816,585	2,427,311	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID 6006050
Health Service Area 002 Planning Service Area 099

Administrator

Contact Person and Telephone
CHRIS CSERNUS
815-539-7439

Date Completed
5/5/2008

Registered Agent Information
Michael S. Guilfoyle
1316 Meriden St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	26
Mental Illness	2
Developmental Disability	2
Circulatory System	24
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	5
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	114	114	100	114	97	17	43	114
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	14	12	6	12	5	9		
TOTAL BEDS	128	126	106	126	102	26	43	114

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	102
Total Admissions 2007	92
Total Discharges 2007	92
Residents on 12/31/2007	102

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3463	22.1%	16339	39.3%	13662	33464	80.4%	80.4%
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					1819	1819	35.6%	41.5%
TOTALS	3463	22.1%	16339	39.3%	15481	35283	75.5%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	1	0	5	2	7
75 to 84	6	25	0	0	0	0	0	1	6	26	32
85+	13	47	0	0	0	0	0	3	13	50	63
TOTALS	23	74	0	0	0	0	1	4	24	78	102

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID 6006050
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	48	0	0	38	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	11	48	0	0	43	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	80	66

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	5	102
Race Unknown	0	0	0	0	0
Total	97	0	0	5	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	5	102
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	5	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.13
LPN's	8.12
Certified Aides	48.12
Other Health Staff	0.00
Non-Health Staff	42.65
Totals	114.02

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.5%	16.0%	0.0%	0.0%	57.5%	100.0%		0.0%
1,404,393	846,897	0	0	3,044,287	5,295,577	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MERCER COUNTY HOSPITAL
409 N.W. NINTH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6010532
Health Service Area 010 Planning Service Area 131

Administrator
Tim Putnam

Contact Person and Telephone
Shelley Wiborg
309-582-3715

Date Completed
5/22/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

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	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	14	14	14	14	14	0	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	14	14	14	14	14	0	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	25
Total Discharges 2007	25
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	4484	4484	87.7%	87.7%
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	0	0.0%	0	0.0%	4484	4484	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	3	11	0	0	0	0	0	0	3	11	14

MERCER COUNTY HOSPITAL
409 N.W. NINTH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6010532
Health Service Area 010 Planning Service Area 131

RESIDENTS BY PAYMENT SOURCE 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
ICF/DD		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	107	97
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	1.00
Non-Health Staff	0.50
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%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MERCER COUNTY NURSING HOME
309 NW 9TH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6006076
Health Service Area 010 Planning Service Area 131

Administrator
Carla M. Ewing

Contact Person and Telephone
Marybeth Sackville
309-582-5361

Date Completed
4/7/2008

Registered Agent Information
Eleanor Barnes
Mercer County Courthouse

FACILITY OWNERSHIP
COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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	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	8
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	6
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	95	95	95	95	86	9	0	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	95	95	95	86	9	0	95

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	52
Total Discharges 2007	49
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14834	42.8%	16070	30904	89.1%	89.1%
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%
TOTALS	0	0.0%	14834	42.8%	16070	30904	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	0	4
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	8	56	0	0	0	0	0	0	8	56	64
TOTALS	14	72	0	0	0	0	0	0	14	72	86

MERCER COUNTY NURSING HOME
309 NW 9TH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6006076
Health Service Area 010 Planning Service Area 131

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	43	0	0	43	0	86
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
TOTALS	0	43	0	0	43	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	10.00
Non-Health Staff	19.00
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%	43.4%	0.0%	0.0%	56.6%	100.0%		0.0%
0	1,335,151	0	0	1,740,816	3,075,967	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MERCY HARVARD HOSPITAL
901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001
Health Service Area 008 Planning Service Area 111

Administrator
Katherine Kus

Contact Person and Telephone
Katherine Kus
815-943-2967

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	45	34	33	34	25	20	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	34	33	34	25	20	34	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	24
Total Admissions 2007	140
Total Discharges 2007	139
Residents on 12/31/2007	25

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3107	25.0%	1986	90.7%	5024	10117	61.6%	81.5%
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	3107	25.0%	1986	90.7%	5024	10117	61.6%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	7	18	0	0	0	0	0	0	7	18	25

MERCY HARVARD HOSPITAL
901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	4	0	0	17	0	25
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
TOTALS	4	4	0	0	17	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	2.00
Non-Health Staff	4.00
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
50.6%	12.2%	0.0%	2.2%	35.0%	100.0%		0.0%
1,187,367	285,640	0	51,432	820,448	2,344,887	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MERIDIAN VILLAGE
27 Auerbach Place
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812
Health Service Area 011 Planning Service Area 119

Administrator
Deanna Krankel

Contact Person and Telephone
Deanna Krankel

Date Completed
3/24/2008

Registered Agent Information
William Alexander
330 West Vandalia Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	32	32	32	32	31	1	0	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	32	32	32	32	31	1	0	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	21
Total Admissions 2007	36
Total Discharges 2007	26
Residents on 12/31/2007	31

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	367	16.8%	9842	10209	87.4%	87.4%
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%
TOTALS	0	0.0%	367	16.8%	9842	10209	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	5	0	0	0	0	0	0	5	5	10
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	8	23	0	0	0	0	0	0	8	23	31

MERIDIAN VILLAGE
27 Auerbach Place
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	2	0	0	29	0	31
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
TOTALS	0	2	0	0	29	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.60
LPN's	3.00
Certified Aides	12.10
Other Health Staff	2.80
Non-Health Staff	6.70
Totals	30.20

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
9.0%	2.5%	0.0%	0.0%	88.5%	100.0%		0.9%
151,981	41,680	0	0	1,491,406	1,685,067	15,516	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Methodist Hospital Skilled Care
5025 North Paulina Street
CHICAGO, IL. 60640

Reference Numbers Facility ID 6012488
Health Service Area 006 Planning Service Area 601

Administrator
James Brady

Contact Person and Telephone
Harold Reisler
773-989-1465

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	1
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	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	23	23	19	23	7	16	21	21
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	23	23	19	23	7	16	21	21

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8
Total Admissions 2007	321
Total Discharges 2007	322
Residents on 12/31/2007	7

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3096	40.4%	0	0.0%	7	3103	37.0%	37.0%
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	3096	40.4%	0	0.0%	7	3103	37.0%	37.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	4	3	0	0	0	0	0	0	4	3	7

Methodist Hospital Skilled Care
5025 North Paulina Street
CHICAGO, IL. 60640

Reference Numbers Facility ID 6012488
Health Service Area 006 Planning Service Area 601

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	0	0	7
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
TOTALS	7	0	0	0	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	476	476
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	7	0	0	0	7

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	1.00
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%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

METHODIST MED CTR OF ILLINOIS
221 NORTHEAST GLEN OAK
PEORIA, IL. 61636

Reference Numbers Facility ID 6013619
Health Service Area 002 Planning Service Area 143

Administrator
W. Michael Bryant

Contact Person and Telephone
Kathy Kujawa
309-671-8351

Date Completed
4/16/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	24	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	0	0	0	0	0	0	24	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	0
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

METHODIST MED CTR OF ILLINOIS
221 NORTHEAST GLEN OAK
PEORIA, IL. 61636

Reference Numbers Facility ID 6013619
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

FACILITY NOTES

07-007	5/1/2007	Permit issued to discontinue 24 bed Skilled Nursing (Long-Term Care) category of service. Service discontinued effective 5/1/2007,

METROPOLIS NURSING & REHAB CTR
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6006118
Health Service Area 005 Planning Service Area 087

Administrator
Kristi Schwartzkopf

Contact Person and Telephone
Kristi Schwartzkopf
618-524-2634

Date Completed
5/12/2008

Registered Agent Information
Tutera Corporation
7611 State Line Road Suite 301
Kansas City, MO 64114

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	7
Mental Illness	17
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	103	99	97	99	91	12	103	103
Skilled Under 22	0	0	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	99	97	99	91	12	103	103

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	87
Total Admissions 2007	106
Total Discharges 2007	102
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4274	11.4%	17519	46.6%	10277	32070	85.3%	88.8%
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	4274	11.4%	17519	46.6%	10277	32070	85.3%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	4	2	6
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	37	54	0	0	0	0	0	0	37	54	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

METROPOLIS NURSING & REHAB CTR
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6006118
Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	52	7	3	22	0	91
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
TOTALS	7	52	7	3	22	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	3.00
Non-Health Staff	18.00
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
36.4%	34.5%	0.0%	12.2%	16.8%	100.0%		0.0%
1,598,210	1,516,726	0	536,379	739,314	4,390,629	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	32
Endocrine/Metabolic	29
Blood Disorders	14
*Nervous System Non Alzheimer	17
Alzheimer Disease	6
Mental Illness	60
Developmental Disability	3
Circulatory System	19
Respiratory System	12
Digestive System	17
Genitourinary System Disorders	18
Skin Disorders	16
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	253

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	310	306	270	306	253	57	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	306	270	306	253	57	310	310

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	258
Total Admissions 2007	606
Total Discharges 2007	611
Residents on 12/31/2007	253

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3498	3.1%	89348	79.0%	2233	95079	84.0%	85.1%
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%
TOTALS	3498	3.1%	89348	79.0%	2233	95079	84.0%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	8	7	15
45 to 59	73	23	0	0	0	0	0	0	73	23	96
60 to 64	21	8	0	0	0	0	0	0	21	8	29
65 to 74	42	19	0	0	0	0	0	0	42	19	61
75 to 84	21	14	0	0	0	0	0	0	21	14	35
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	170	83	0	0	0	0	0	0	170	83	253

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MID AMERICA CARE CENTER
4920 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006134
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	237	0	0	5	0	253
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
TOTALS	11	237	0	0	5	0	253

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	17	0	0	0	17
Amer. Indian	4	0	0	0	4
Black	104	0	0	0	104
Hawaiian/Pac. Isl.	1	0	0	0	1
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	253	0	0	0	253

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	230	0	0	0	230
Ethnicity Unknown	0	0	0	0	0
Total	253	0	0	0	253

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	17.00
Certified Aides	73.00
Other Health Staff	24.00
Non-Health Staff	67.00
Totals	198.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.8%	88.3%	0.0%	0.0%	3.9%	100.0%		0.0%
862,810	9,758,055	0	0	430,643	11,051,509	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Midway Neurological and Rehab Center
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826
Health Service Area 007 Planning Service Area 705

Administrator
Tammy Stoneberger

Contact Person and Telephone
Tammy Stoneberger
708-598-2605

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	20
Blood Disorders	3
*Nervous System Non Alzheimer	32
Alzheimer Disease	8
Mental Illness	141
Developmental Disability	4
Circulatory System	48
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	298

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	404	404	323	404	298	106	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	323	404	298	106	404	404

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	298
Total Admissions 2007	222
Total Discharges 2007	222
Residents on 12/31/2007	298

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7953	5.4%	94559	64.1%	7937	110449	74.9%	74.9%
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	7953	5.4%	94559	64.1%	7937	110449	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	23	0	0	0	0	0	0	37	23	60
45 to 59	82	37	0	0	0	0	0	0	82	37	119
60 to 64	20	8	0	0	0	0	0	0	20	8	28
65 to 74	24	21	0	0	0	0	0	0	24	21	45
75 to 84	18	15	0	0	0	0	0	0	18	15	33
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	184	114	0	0	0	0	0	0	184	114	298

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Midway Neurological and Rehab Center
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	243	31	0	7	0	298
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
TOTALS	17	243	31	0	7	0	298

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	117	0	0	0	117
Hawaiian/Pac. Isl.	0	0	0	0	0
White	180	0	0	0	180
Race Unknown	0	0	0	0	0
Total	298	0	0	0	298

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	34	0	0	0	34
Non-Hispanic	264	0	0	0	264
Ethnicity Unknown	0	0	0	0	0
Total	298	0	0	0	298

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.00
LPN's	26.00
Certified Aides	58.00
Other Health Staff	78.00
Non-Health Staff	0.00
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
18.6%	71.8%	2.0%	5.3%	2.2%	100.0%		0.0%
2,560,860	9,889,305	271,293	733,364	309,548	13,764,370	0	

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159
Health Service Area 001 Planning Service Area 201

Administrator
Linda Thornbloom

Contact Person and Telephone
Linda Thornbloom
815-877-7001

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	200	200
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	2.25
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%	81.4%	5.6%	0.0%	13.0%	100.0%		0.0%
0	495,151	33,967	0	78,927	608,045	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142
Health Service Area 001 Planning Service Area 201

Administrator
Linda Thornbloom

Contact Person and Telephone
Linda Thornbloom
815-877-7001

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	5
Total Discharges 2007	4
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			30570	99.7%	0	30570	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	30570	99.7%	0	30570	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	29	18	0	0	29	18	47
45 to 59	0	0	0	0	14	9	0	0	14	9	23
60 to 64	0	0	0	0	4	4	0	0	4	4	8
65 to 74	0	0	0	0	3	3	0	0	3	3	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	50	34	0	0	50	34	84

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	250	250
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	1	0	1
Black	0	0	21	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	60	0	60
Race Unknown	0	0	0	0	0
Total	0	0	84	0	84

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	7	0	7
Non-Hispanic	0	0	77	0	77
Ethnicity Unknown	0	0	0	0	0
Total	0	0	84	0	84

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	7.50
Certified Aides	110.00
Other Health Staff	0.00
Non-Health Staff	23.00
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
0.0%	91.3%	2.1%	0.0%	6.6%	100.0%		0.0%
0	5,144,567	117,309	0	372,076	5,633,952	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MILESTONE SUN VALLEY
3351 SUN VALLEY
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6012181
Health Service Area 001 Planning Service Area 201

Administrator
Bill Grahn

Contact Person and Telephone
Bill Grahn
815-633-9921

Registered Agent Information

Date Completed
4/3/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	8	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	8	8	0	0	8

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	8

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2920	100.0%	0	2920	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2920	100.0%	0	2920	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Reference Numbers Facility ID 6012181
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.50
Other Health Staff	0.00
Non-Health Staff	1.50
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%	96.7%	0.0%	0.0%	3.3%	100.0%		0.0%
0	410,218	0	0	14,217	424,435	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6014294
Health Service Area 009 Planning Service Area 091

Administrator
Judy Amiano

Contact Person and Telephone
Judy Amiano
815-936-6500

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	108	12	70	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	120	120	120	120	108	12	70	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	467
Total Discharges 2007	474
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10794	42.2%	3300	90.4%	25487	39581	90.4%	90.4%
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%
TOTALS	10794	42.2%	3300	90.4%	25487	39581	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	2	0	0	0	0	0	0	6	2	8
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	15	46	0	0	0	0	0	0	15	46	61
TOTALS	33	75	0	0	0	0	0	0	33	75	108

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6014294
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	9	0	3	62	0	108
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
TOTALS	34	9	0	3	62	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.21
LPN's	15.40
Certified Aides	41.01
Other Health Staff	8.00
Non-Health Staff	24.75
Totals	107.37

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
46.8%	2.9%	0.0%	0.0%	50.4%	100.0%		1.3%
3,750,421	230,344	0	0	4,041,451	8,022,216	101,457	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	10	0	10
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	12	0	0	0	12	0	12

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.25
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	12.85

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%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	664,724	80,021	0	1,943	746,689	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT
MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258
Health Service Area 009 Planning Service Area 091

Administrator
Dino Varnavas

Contact Person and Telephone
Kathy Schnell
815-472-2423

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	18
Mental Illness	14
Developmental Disability	7
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	117	140	106	34	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	117	140	106	34	140	140

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	47
Total Discharges 2007	53
Residents on 12/31/2007	106

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4623	9.0%	31889	62.4%	2954	39466	77.2%	77.2%
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%
TOTALS	4623	9.0%	31889	62.4%	2954	39466	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	5	0	0	0	0	0	0	9	5	14
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	44	62	0	0	0	0	0	0	44	62	106

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT
MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	81	3	0	5	0	106
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
TOTALS	17	81	3	0	5	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	19.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	39.00
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
24.3%	67.3%	2.4%	2.1%	3.9%	100.0%		0.0%
1,430,987	3,966,075	143,497	124,059	231,985	5,896,604	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
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	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	59	57	48	54	38	21	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	57	48	54	38	21	0	59

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	49
Total Discharges 2007	60
Residents on 12/31/2007	38

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1186	0.0%	9493	44.1%	5874	16553	76.9%	79.6%
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%
TOTALS	1186	0.0%	9493	44.1%	5874	16553	76.9%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	6	6	0	0	0	0	0	0	6	6	12
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	19	19	0	0	0	0	0	0	19	19	38

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MONMOUTH NURSING HOME
117 SOUTH I STREET
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6006266
Health Service Area 002 Planning Service Area 071

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	0	10	0	38
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
TOTALS	1	27	0	0	10	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

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	16.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
25.7%	41.3%	4.4%	0.0%	28.7%	100.0%		0.0%
545,766	878,276	93,213	0	609,768	2,127,023	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MONROE PAV HLTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290
Health Service Area 006 Planning Service Area 602

Administrator
Wayne Hanik

Contact Person and Telephone
Wayne Hanik
312-666-4090

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	129
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	129

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	136	136	136	129	7	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	136	136	129	7	0	136

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	76
Total Discharges 2007	75
Residents on 12/31/2007	129

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	45513	91.7%	2534	48047	96.8%	96.8%
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	0	0.0%	45513	91.7%	2534	48047	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	9	0	0	0	0	0	0	22	9	31
45 to 59	52	13	0	0	0	0	0	0	52	13	65
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	93	36	0	0	0	0	0	0	93	36	129

MONROE PAV HLTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	120	8	0	1	0	129
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
TOTALS	0	120	8	0	1	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	99	0	0	0	99
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	2	0	0	0	2
Total	129	0	0	0	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	9.50
Certified Aides	23.00
Other Health Staff	8.00
Non-Health Staff	15.50
Totals	59.50

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%	93.4%	5.3%	0.0%	1.3%	100.0%		0.0%
0	4,216,856	239,469	0	60,655	4,516,981	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316
Health Service Area 003 Planning Service Area 067

Administrator
Rebecca Bliss

Contact Person and Telephone
Rebecca Bliss
217-847-3931

Date Completed
5/7/2008

Registered Agent Information
CT Corporation System
208 South LaSalle Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	139	73	57	73	52	87	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	73	57	73	52	87	139	139

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	80
Total Discharges 2007	82
Residents on 12/31/2007	52

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1523	3.0%	14805	29.2%	3245	19573	38.6%	73.5%
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	1523	3.0%	14805	29.2%	3245	19573	38.6%	73.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	13	39	0	0	0	0	0	0	13	39	52

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316
Health Service Area 003 Planning Service Area 067

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	38	0	1	8	0	52
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
TOTALS	5	38	0	1	8	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	1.00
Non-Health Staff	19.00
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
38.1%	38.6%	1.4%	3.2%	18.7%	100.0%		0.0%
2,532,918	2,568,715	91,861	213,092	1,244,998	6,651,584	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MONTGOMERY NURSING & REHAB CTR
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
4/28/2008

Registered Agent Information
Dave Kamler
233 East Center Drive

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	29
Mental Illness	1
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	95	6	20	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	95	6	20	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	64
Total Discharges 2007	53
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2905	39.8%	14971	40.6%	15130	33006	89.5%	89.5%
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	2905	39.8%	14971	40.6%	15130	33006	89.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	12	52	0	0	0	0	0	0	12	52	64
TOTALS	21	74	0	0	0	0	0	0	21	74	95

MONTGOMERY NURSING & REHAB CTR
SOUTH ROUTE 127 PO Box 309
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004444
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	42	0	0	43	0	95
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
TOTALS	10	42	0	0	43	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	45.00
Other Health Staff	6.00
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
32.4%	30.4%	0.0%	0.0%	37.2%	100.0%		0.0%
1,341,373	1,257,393	0	0	1,537,682	4,136,448	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171
Health Service Area 006 Planning Service Area 603

Administrator
Mary f. von Goeben

Contact Person and Telephone
MARY F.. VON GOEBEN
773-617-1447

Date Completed
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	93	40	40	40	31	62	14	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	93	40	40	40	31	62	14	29

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	39
Total Admissions 2007	234
Total Discharges 2007	242
Residents on 12/31/2007	31

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2935	57.4%	2920	27.6%	5110	10965	32.3%	75.1%
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%
TOTALS	2935	57.4%	2920	27.6%	5110	10965	32.3%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	0	9	9
85+	2	20	0	0	0	0	0	0	2	20	22
TOTALS	2	29	0	0	0	0	0	0	2	29	31

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	8	0	0	18	0	31
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
TOTALS	5	8	0	0	18	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	355	265
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	31	0	0	0	31

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.50
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	6.00
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
31.2%	6.9%	0.0%	0.0%	61.9%	100.0%		0.0%
1,115,322	245,288	0	0	2,211,011	3,571,621	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
217-563-7013

Date Completed
4/23/2008

Registered Agent Information
Alfred Kreckman
908 N. Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5730	98.1%	0	5730	98.1%	98.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5730	98.1%	0	5730	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Montgomery Terrace
215 North Walnut, Box 158
Nokomis, IL. 62075

Reference Numbers Facility ID 6006324
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	105	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	7.59
Other Health Staff	0.80
Non-Health Staff	0.54
Totals	9.26

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
0.0%	82.0%	0.0%	0.0%	18.0%	100.0%		0.0%
0	484,038	0	0	106,080	590,118	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID 6006340
Health Service Area 006 Planning Service Area 603

Administrator
Paulette Stallworth

Contact Person and Telephone
Jocelyn Nichols
773-731-4033

Date Completed
5/30/2008

Registered Agent Information
Adrienne Golembiewski
725 S. Wells Suite 1-A

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	0	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	0	15	0	0	15

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5155	94.2%	0	5155	94.2%	94.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5155	94.2%	0	5155	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	2	0	0	8	2	10
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	12	3	0	0	12	3	15

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID 6006340
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
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%	88.2%	11.6%	0.0%	0.2%	100.0%		0.0%
0	582,613	76,749	0	1,080	660,442	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

MORRIS HEALTHCARE&REHABILITATION CENTE
1338 CLAY STREET
MORRIS, IL. 60450

Reference Numbers Facility ID 6003875
Health Service Area 009 Planning Service Area 063

Administrator

Contact Person and Telephone
Suzanne Day
815-942-3255

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	1
Circulatory System	39
Respiratory System	0
Digestive System	8
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	142	142	135	142	122	20	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	135	142	122	20	67	142

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	125
Total Admissions 2007	170
Total Discharges 2007	173
Residents on 12/31/2007	122

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7373	30.1%	29018	56.0%	9494	45885	88.5%	88.5%
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	7373	30.1%	29018	56.0%	9494	45885	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	10	33	0	0	0	0	0	0	10	33	43
85+	10	47	0	0	0	0	0	0	10	47	57
TOTALS	24	98	0	0	0	0	0	0	24	98	122

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MORRIS HEALTHCARE&REHABILITATION CENTE
1338 CLAY STREET
MORRIS, IL. 60450

Reference Numbers Facility ID 6003875
Health Service Area 009 Planning Service Area 063

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	79	0	0	23	0	122
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
TOTALS	20	79	0	0	23	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	0.00
Non-Health Staff	42.00
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
46.3%	33.5%	0.0%	0.0%	20.2%	100.0%		0.1%
3,733,326	2,705,354	0	0	1,632,335	8,071,017	6,000	

FACILITY NOTES

06-079 5/1/2007 Permit issued to discontinue facility with 142 Nursing Care beds and to establish a new facility with 142 Nursing Care beds at another location in Morris.

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407
Health Service Area 002 Planning Service Area 179

Administrator
Colleen Kamin

Contact Person and Telephone
Colleen Kamin
309-266-5331

Date Completed
5/5/2008

Registered Agent Information
Ben Klein
7444 north Long Ave

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	39
Mental Illness	1
Developmental Disability	5
Circulatory System	24
Respiratory System	27
Digestive System	12
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	166	166	150	166	138	28	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	150	166	138	28	46	166

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	126
Total Admissions 2007	221
Total Discharges 2007	209
Residents on 12/31/2007	138

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6797	40.5%	41193	68.0%	4687	52677	86.9%	86.9%
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	6797	40.5%	41193	68.0%	4687	52677	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	0	0	0	0	0	0	3	10	13
60 to 64	4	12	0	0	0	0	0	0	4	12	16
65 to 74	6	28	0	0	0	0	0	0	6	28	34
75 to 84	11	36	0	0	0	0	0	0	11	36	47
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	34	104	0	0	0	0	0	0	34	104	138

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	109	0	1	13	0	138
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
TOTALS	15	109	0	1	13	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	1	0	0	0	1
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	20.00
Certified Aides	79.00
Other Health Staff	10.00
Non-Health Staff	46.00
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
27.4%	61.0%	0.0%	1.8%	9.8%	100.0%		0.0%
1,993,387	4,442,831	0	130,841	714,491	7,281,550	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Morton Villa Care Center
190 East Queenwood Road
MORTON, IL. 61550

Reference Numbers Facility ID 6006399
Health Service Area 002 Planning Service Area 179

Administrator
jennifer dixon

Contact Person and Telephone
jennifer dixon
309-266-9741

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	20
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	4
Circulatory System	15
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	104	100	104	92	14	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	104	100	104	92	14	106	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	83
Total Discharges 2007	76
Residents on 12/31/2007	92

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3670	9.5%	25463	65.8%	4359	33492	86.6%	88.2%
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%
TOTALS	3670	9.5%	25463	65.8%	4359	33492	86.6%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	14	0	0	0	0	0	0	1	14	15
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	15	15	0	0	0	0	0	0	15	15	30
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	30	62	0	0	0	0	0	0	30	62	92

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Morton Villa Care Center
190 East Queenwood Road
MORTON, IL. 61550

Reference Numbers Facility ID 6006399
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	65	1	1	14	0	92
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
TOTALS	11	65	1	1	14	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	5.00
Non-Health Staff	21.00
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
30.9%	56.0%	0.0%	2.6%	10.4%	100.0%		0.0%
1,446,810	2,621,856	0	123,758	485,418	4,677,842	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Moultrie Co 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
5/6/2008

Registered Agent Information
David M Jacobus
2576 N Greenway Rd
Cerro Gordo, IL 61818

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5539	94.8%	207	5746	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5539	94.8%	207	5746	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	2	3	5
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Moultrie Co 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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

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	0.00
Non-Health Staff	0.25
Totals	7.25

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%	92.3%	0.0%	0.0%	7.7%	100.0%		0.0%
0	784,793	0	0	65,712	850,505	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Sister Mary Walker

Contact Person and Telephone
Sister Mary Walker
847-438-5050

Date Completed
5/4/2008

Registered Agent Information
Sr. Gertrude LaBarbera
24955 N. U.S. Highway 12

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	0
Developmental Disability	127
Circulatory System	0
Respiratory System	0
Digestive System	0
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	132	132	130	132	127	5		132
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	130	132	127	5	0	132

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	129
Total Admissions 2007	1
Total Discharges 2007	3
Residents on 12/31/2007	127

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			44308	92.0%	725	45033	93.5%	93.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	44308	92.0%	725	45033	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	32	0	0	0	32	32
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	23	0	0	0	23	23
75 to 84	0	0	0	0	0	9	0	0	0	9	9
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	0	127	0	0	0	127	127

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		125	0	0	2	0	127
Sheltered Care			0	0	0	0	0
TOTALS	0	125	0	0	2	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	1	0	1
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	117	0	117
Race Unknown	0	0	7	0	7
Total	0	0	127	0	127

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	123	0	123
Ethnicity Unknown	0	0	0	0	0
Total	0	0	127	0	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	65.00
Other Health Staff	6.00
Non-Health Staff	40.50
Totals	122.50

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%	80.7%	0.0%	0.0%	19.3%	100.0%		0.0%
0	4,739,677	0	0	1,133,801	5,873,478	0	

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
Marla Howard
618-242-1800

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	101	101	101	101	94	7	32	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	101	101	94	7	32	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	94
Total Admissions 2007	82
Total Discharges 2007	82
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6151	52.7%	20035	54.3%	7517	33703	91.4%	91.4%
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%
TOTALS	6151	52.7%	20035	54.3%	7517	33703	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	1	6	7
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	10	53	0	0	0	0	0	0	10	53	63
TOTALS	13	81	0	0	0	0	0	0	13	81	94

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	57	0	0	14	0	94
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
TOTALS	23	57	0	0	14	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
17.5%	76.5%	0.0%	0.0%	6.0%	100.0%		0.0%
2,695,218	11,792,438	0	0	927,446	15,415,102	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
217-768-3951

Date Completed
5/5/2008

Registered Agent Information
Robert Russell
525 S Macon Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	70	66	62	66	53	17	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	66	62	66	53	17	0	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	21
Total Discharges 2007	30
Residents on 12/31/2007	53

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	10540	48.1%	9653	20193	79.0%	83.8%
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	0	0.0%	10540	48.1%	9653	20193	79.0%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	15	0	0	0	0	0	0	2	15	17
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	9	44	0	0	0	0	0	0	9	44	53

Moweaqua Nursing & Ret Center
Maple & Macon Streets
Moweaqua, IL. 62550

Reference Numbers Facility ID 6012322
Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	30	0	0	23	0	53
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
TOTALS	0	30	0	0	23	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	2.00
Non-Health Staff	38.00
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%	87.8%	0.0%	0.0%	12.2%	100.0%		0.5%
0	11,011,944	0	0	1,534,381	12,546,325	58,268	

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
Carrell Breeze

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyde
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	63
Mental Illness	4
Developmental Disability	3
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	106	96	90	95	87	19	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	96	90	95	87	19	0	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	60
Total Discharges 2007	50
Residents on 12/31/2007	87

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	25408	65.7%	5315	30723	79.4%	87.7%
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	0	0.0%	25408	65.7%	5315	30723	79.4%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	11	0	0	0	0	0	0	6	11	17
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	27	60	0	0	0	0	0	0	27	60	87

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	0	0	18	0	87
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
TOTALS	0	69	0	0	18	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	14.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
0.0%	75.4%	0.0%	0.0%	24.6%	100.0%		0.0%
0	1,995,608	0	0	651,133	2,646,741	0	

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
4/30/2008

Registered Agent Information
James K. Keller
612 E Davie St. #88

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	71
Circulatory System	0
Respiratory System	0
Digestive System	0
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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	80	80	76	80	71	9		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	76	80	71	9	0	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	9
Total Discharges 2007	14
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			27641	94.7%	0	27641	94.7%	94.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	27641	94.7%	0	27641	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	18	7	0	0	18	7	25
45 to 59	0	0	0	0	19	6	0	0	19	6	25
60 to 64	0	0	0	0	6	0	0	0	6	0	6
65 to 74	0	0	0	0	7	4	0	0	7	4	11
75 to 84	0	0	0	0	0	4	0	0	0	4	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	50	21	0	0	50	21	71

MULBERRY MANOR
612 EAST DAVIE STREET BOX 88
ANNA, IL. 62906

Reference Numbers Facility ID 6006472
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		71	0	0	0	0	71
Sheltered Care			0	0	0	0	0
TOTALS	0	71	0	0	0	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	15	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	56	0	56
Race Unknown	0	0	0	0	0
Total	0	0	71	0	71

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	71	0	71
Ethnicity Unknown	0	0	0	0	0
Total	0	0	71	0	71

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	44.00
Other Health Staff	0.00
Non-Health Staff	18.00
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%	88.1%	11.6%	0.0%	0.3%	100.0%		0.0%
0	2,602,503	343,301	0	9,087	2,954,891	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Laurie Ellis

Contact Person and Telephone
Laurie Ellis
618-242-5700

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	4
Developmental Disability	2
Circulatory System	17
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	73	0	70	4	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	74	73	0	70	4	0	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	61
Total Admissions 2007	229
Total Discharges 2007	220
Residents on 12/31/2007	70

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5219	0.0%	15187	56.2%	4080	24486	90.7%	90.7%
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	5219	0.0%	15187	56.2%	4080	24486	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	6	0	0	0	0	0	0	0	6	6
75 to 84	3	18	0	0	0	0	0	0	3	18	21
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	13	57	0	0	0	0	0	0	13	57	70

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	43	0	0	12	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
TOTALS	15	43	0	0	12	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.40
LPN's	6.70
Certified Aides	24.40
Other Health Staff	7.30
Non-Health Staff	21.80
Totals	67.60

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
54.9%	31.3%	0.3%	0.0%	13.5%	100.0%		0.0%
2,240,289	1,275,860	12,232	0	552,521	4,080,902	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506
Health Service Area 007 Planning Service Area 702

Administrator
Sr. Lucille Madura

Contact Person and Telephone
Sr. Lucille Madura
847-297-5900 x 222

Date Completed
4/28/2008

Registered Agent Information
Sister Patricia Ann Koschalke
310 N. River Rd

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	14
Mental Illness	31
Developmental Disability	0
Circulatory System	11
Respiratory System	2
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	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	MEDICAID CERTIFIED
Nursing Care	68	68	68	68	68	0	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	15	15	11	4		
TOTAL BEDS	83	83	83	83	79	4	0	68

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	21
Total Discharges 2007	22
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	11518	46.4%	12754	24272	97.8%	97.8%
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					4899	4899	89.5%	89.5%
TOTALS	0	0.0%	11518	46.4%	17653	29171	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	2	5	14	19
85+	3	44	0	0	0	0	0	9	3	53	56
TOTALS	8	60	0	0	0	0	0	11	8	71	79

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	31	0	0	37	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	0	31	0	0	48	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	136	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	11	78
Race Unknown	0	0	0	0	0
Total	68	0	0	11	79

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	11	79
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	11	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.70
LPN's	1.80
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	18.10
Totals	64.60

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%	23.8%	1.6%	0.0%	74.6%	100.0%		0.0%
0	945,043	62,392	0	2,961,133	3,968,568	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NEIGHBORS NURSING & CARE CTR
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Kim Kilmer

Contact Person and Telephone
Kim Kilmer
815-234-2511

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	86	101	86	15	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	86	101	86	15	101	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	172
Total Discharges 2007	171
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3601	9.8%	19402	52.6%	7451	30454	82.6%	82.6%
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%
TOTALS	3601	9.8%	19402	52.6%	7451	30454	82.6%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	14	0	0	0	0	0	0	9	14	23
85+	14	46	0	0	0	0	0	0	14	46	60
TOTALS	24	62	0	0	0	0	0	0	24	62	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NEIGHBORS NURSING & CARE CTR
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	55	0	0	24	0	86
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
TOTALS	7	55	0	0	24	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
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	42.00
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
27.6%	40.9%	0.0%	0.0%	31.5%	100.0%		0.0%
1,214,713	1,804,290	0	0	1,387,430	4,406,433	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NEW ATHENS HOME FOR THE AGED
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
4/11/2008

Registered Agent Information
Gary W. Holtgrewe
4586 County Hwy. 6
Okawville, IL 62271

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	12
Developmental Disability	1
Circulatory System	6
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	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	MEDICAID CERTIFIED
Nursing Care	53	47	35	47	35	18	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	47	35	47	35	18	0	53

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	29
Total Admissions 2007	19
Total Discharges 2007	13
Residents on 12/31/2007	35

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	52	0.0%	6635	34.3%	4195	10882	56.3%	63.4%
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%
TOTALS	52	0.0%	6635	34.3%	4195	10882	56.3%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	8	0	0	0	0	0	0	1	8	9
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	7	28	0	0	0	0	0	0	7	28	35

NEW ATHENS HOME FOR THE AGED
203 SOUTH JOHNSON STREET
NEW ATHENS, IL. 62264

Reference Numbers Facility ID 6006522
Health Service Area 011 Planning Service Area 163

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	21	0	3	9	0	35
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
TOTALS	2	21	0	3	9	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	1.00
Non-Health Staff	17.00
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
0.0%	38.1%	0.0%	7.8%	54.1%	100.0%		0.0%
0	409,370	0	84,144	581,521	1,075,035	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext, 269

Date Completed
4/26/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	5
Total Discharges 2007	5
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5683	97.3%	0	5683	97.3%	97.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5683	97.3%	0	5683	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	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	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

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	189	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.50
Other Health Staff	2.00
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%	12.2%	87.8%	0.0%	0.0%	100.0%		0.0%
0	125,911	903,437	0	0	1,029,348	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/4/2008

Registered Agent Information
John S. Rendleman
2001 W Main.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5686	97.4%	0	5686	97.4%	97.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5686	97.4%	0	5686	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NEW WAY
80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Reference Numbers Facility ID 6006530
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	114	103
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	3.00
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%	80.7%	18.4%	0.0%	0.9%	100.0%		0.0%
0	486,697	110,818	0	5,256	602,771	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NEWMAN REHAB & HEALTH CARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091
Health Service Area 004 Planning Service Area 041

Administrator
Joahua Drake

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	56	60	51	9	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	56	60	51	9	60	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	53
Total Admissions 2007	77
Total Discharges 2007	79
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1281	5.8%	11740	53.6%	5477	18498	84.5%	84.5%
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	1281	5.8%	11740	53.6%	5477	18498	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	14	0	0	0	0	0	0	2	14	16
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	7	44	0	0	0	0	0	0	7	44	51

NEWMAN REHAB & HEALTH CARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091
Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	0	0	17	0	51
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
TOTALS	4	30	0	0	17	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
Non-Health Staff	20.00
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
27.8%	42.3%	0.0%	0.0%	29.9%	100.0%		0.0%
679,033	1,031,934	0	0	730,135	2,441,102	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 E. Kinder

Contact Person and Telephone
Paula Schoonover
618-783-2309

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	53	92	51	41	16	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	53	92	51	41	16	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	48
Total Admissions 2007	44
Total Discharges 2007	41
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2201	37.7%	10080	30.0%	5111	17392	51.8%	51.8%
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	2201	37.7%	10080	30.0%	5111	17392	51.8%	51.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	15	36	0	0	0	0	0	0	15	36	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	23	0	0	19	0	51
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
TOTALS	9	23	0	0	19	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	2.00
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
34.0%	44.2%	0.0%	21.8%	0.0%	100.0%		0.0%
694,270	901,418	0	445,192	0	2,040,880	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NINTH STREET PLACE
2850 9TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6013460
Health Service Area 010 Planning Service Area 161

Administrator
Jane O'Melia

Contact Person and Telephone
Jane O'Melia
309-764-4974

Date Completed
5/23/2008

Registered Agent Information
Kyle Rick
4016 9th Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5603	95.9%	0	5603	95.9%	95.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5603	95.9%	0	5603	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	6	0	0	9	6	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NINTH STREET PLACE
2850 9TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6013460
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	1.20
Certified Aides	12.00
Other Health Staff	1.50
Non-Health Staff	0.00
Totals	15.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	84.8%	15.2%	0.0%	0.0%	100.0%		0.0%
0	565,062	101,328	0	0	666,390	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NOKOMIS REHAB & HEALTH CARE CT
505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555
Health Service Area 003 Planning Service Area 135

Administrator
Christina Brown

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyde
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	11
Developmental Disability	3
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	56	92	51	41	12	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	56	92	51	41	12	92

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	68
Total Discharges 2007	71
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2113	48.2%	12847	38.3%	4036	18996	56.6%	56.6%
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%
TOTALS	2113	48.2%	12847	38.3%	4036	18996	56.6%	56.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	16	35	0	0	0	0	0	0	16	35	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NOKOMIS REHAB & HEALTH CARE CT
505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555
Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	0	0	12	0	51
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
TOTALS	8	31	0	0	12	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	7.00
Non-Health Staff	16.00
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
26.3%	52.0%	0.0%	0.0%	21.6%	100.0%		0.0%
247,820	489,654	0	0	203,705	941,179	0	

FACILITY NOTES

Name Change	11/6/2007	Name changed from "Nokomis Golden Manor".

NORRIDGE HLTHCR & REHAB CENTRE
7001 WEST CULLOM
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571
Health Service Area 007 Planning Service Area 704

Administrator
Safet Keljalic

Contact Person and Telephone
Barbara Dabrowski
708-457-0700

Date Completed
5/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	45
Blood Disorders	13
*Nervous System Non Alzheimer	15
Alzheimer Disease	40
Mental Illness	23
Developmental Disability	5
Circulatory System	37
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	223

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	303	303	258	303	223	80	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	303	258	303	223	80	303	303

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	242
Total Admissions 2007	227
Total Discharges 2007	246
Residents on 12/31/2007	223

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12600	11.4%	62968	56.9%	8817	84385	76.3%	76.3%
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%
TOTALS	12600	11.4%	62968	56.9%	8817	84385	76.3%	76.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	3	6	9
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	25	49	0	0	0	0	0	0	25	49	74
85+	26	82	0	0	0	0	0	0	26	82	108
TOTALS	70	153	0	0	0	0	0	0	70	153	223

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NORRIDGE HLTHCR & REHAB CENTRE
7001 WEST CULLOM
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	166	0	1	22	0	223
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
TOTALS	34	166	0	1	22	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	2	0	0	0	2
White	188	0	0	0	188
Race Unknown	22	0	0	0	22
Total	223	0	0	0	223

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	201	0	0	0	201
Ethnicity Unknown	3	0	0	0	3
Total	223	0	0	0	223

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.20
LPN's	4.35
Certified Aides	92.00
Other Health Staff	3.00
Non-Health Staff	89.00
Totals	232.55

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
35.1%	54.2%	0.0%	0.5%	10.2%	100.0%		0.0%
5,417,494	8,362,258	1,134	73,455	1,567,445	15,421,786	0	

FACILITY NOTES

Bed Change	10/5/2007	Discontinued 12 Nursing Care beds; facility now has 303 Nursing Care beds.

NORTH ADAMS CO NURSING HOME
2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID 6006589
Health Service Area 003 Planning Service Area 001

Administrator
Christoper Dials

Contact Person and Telephone
Leslie Walsh
217-936-2137

Date Completed
6/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	109	109	99	76	23	11	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	109	109	99	76	23	11	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	64
Total Discharges 2007	69
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2092	52.1%	17001	47.0%	8838	27931	77.3%	70.2%
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%
TOTALS	2092	52.1%	17001	47.0%	8838	27931	77.3%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	22	54	0	0	0	0	0	0	22	54	76

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NORTH ADAMS CO NURSING HOME
2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID 6006589
Health Service Area 003 Planning Service Area 001

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	0	0	22	0	76
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
TOTALS	7	47	0	0	22	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	25.00
Other Health Staff	7.00
Non-Health Staff	50.00
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
36.6%	43.0%	0.0%	0.0%	20.4%	100.0%		0.0%
1,226,457	1,438,466	0	0	681,838	3,346,762	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	101
Developmental Disability	4
Circulatory System	0
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	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	MEDICAID CERTIFIED
Nursing Care	129	129	123	129	121	8	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	123	129	121	8	0	129

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	103
Total Admissions 2007	58
Total Discharges 2007	40
Residents on 12/31/2007	121

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	39368	83.6%	1838	41206	87.5%	87.5%
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	0	0.0%	39368	83.6%	1838	41206	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	9	0	0	0	0	0	0	22	9	31
45 to 59	31	27	0	0	0	0	0	0	31	27	58
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	1	9	0	0	0	0	0	0	1	9	10
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	67	54	0	0	0	0	0	0	67	54	121

NORTH AURORA CARE CENTER
310 BANBURY ROAD
NORTH AURORA, IL. 60542

Reference Numbers Facility ID 6006605
Health Service Area 008 Planning Service Area 089

RESIDENTS 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	6	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
TOTALS	0	115	0	0	6	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	2	0	0	0	2
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	6	0	0	0	6
White	97	0	0	0	97
Race Unknown	1	0	0	0	1
Total	121	0	0	0	121

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	1	0	0	0	1
Total	121	0	0	0	121

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	25.00
Other Health Staff	10.00
Non-Health Staff	35.00
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%	92.5%	0.0%	0.0%	7.5%	100.0%		0.0%
0	3,549,121	0	0	287,884	3,837,005	0	

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013379
Health Service Area 002 Planning Service Area 143

Administrator
Edith B. Morris

Contact Person and Telephone
Edith Morris
309-691-3123

Date Completed
5/1/2008

Registered Agent Information
Roy Ricketts
1913 W. Townline Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1424	97.5%	0	1424	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	0	4	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013379
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	175	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	4.10
Totals	7.10

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%	82.7%	0.7%	0.0%	16.7%	100.0%		0.0%
0	208,863	1,763	0	42,076	252,702	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
217-422-6361

Date Completed
5/20/2008

Registered Agent Information
Mr. Carl J. Tenney
236 North Water Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5766	98.7%	0	5766	98.7%	98.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5766	98.7%	0	5766	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	2	6	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	6	10	0	0	6	10	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NORTH KICKAPOO
1903 NORTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011472
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	337	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	3.00
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%	86.2%	0.0%	0.0%	13.8%	100.0%		0.0%
0	737,467	0	0	118,270	855,737	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NORTH LOGAN HEALTH CARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210
Health Service Area 004 Planning Service Area 183

Administrator
Claire Matheny

Contact Person and Telephone
Claire Matheny
217-443-3106

Date Completed
5/6/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	108	107	101	0	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	101	0	93	15	108	108

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	98
Total Admissions 2007	308
Total Discharges 2007	313
Residents on 12/31/2007	93

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6792	17.2%	23885	60.6%	4873	35550	90.2%	91.0%
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	6792	17.2%	23885	60.6%	4873	35550	90.2%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	2	8	10
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	19	74	0	0	0	0	0	0	19	74	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NORTH LOGAN HEALTH CARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	74	0	1	9	0	93
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
TOTALS	9	74	0	1	9	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	4.00
Non-Health Staff	32.00
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
37.7%	45.0%	0.0%	0.0%	17.3%	100.0%		0.0%
1,743,330	2,079,559	0	0	800,616	4,623,505	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NORTH MAIN NURSING & REHAB CTR
1920 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613
Health Service Area 001 Planning Service Area 201

Administrator
Brittany Rowe

Contact Person and Telephone
Paula Speiden
815-964-6834

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	12
Developmental Disability	0
Circulatory System	7
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	97	94	76	94	73	24	52	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	94	76	94	73	24	52	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	196
Total Discharges 2007	189
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2910	15.3%	19514	55.1%	2978	25402	71.7%	74.0%
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	2910	15.3%	19514	55.1%	2978	25402	71.7%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	11	17	0	0	0	0	0	0	11	17	28
TOTALS	22	51	0	0	0	0	0	0	22	51	73

NORTH MAIN NURSING & REHAB CTR
1920 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	59	0	0	4	0	73
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
TOTALS	10	59	0	0	4	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	10.00
Certified Aides	50.00
Other Health Staff	10.00
Non-Health Staff	20.00
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
34.4%	48.9%	0.0%	4.2%	12.5%	100.0%		0.0%
1,292,222	1,833,682	0	157,787	468,876	3,752,567	0	

FACILITY NOTES

Name Change	12/12/2007	Name changed from "Springwood Nursing & Rehab".

NORTHWEST HOME FOR THE AGED
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662
Health Service Area 006 Planning Service Area 601

Administrator
Burton Behr

Contact Person and Telephone
LEO FEIGENBAUM
773-973-1900

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	11
Respiratory System	20
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	164	164	115	164	81	83	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	115	164	81	83	164	164

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	279
Total Discharges 2007	303
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2871	4.8%	26525	44.3%	6100	35496	59.3%	59.3%
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%
TOTALS	2871	4.8%	26525	44.3%	6100	35496	59.3%	59.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	13	12	0	0	0	0	0	0	13	12	25
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	27	54	0	0	0	0	0	0	27	54	81

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

NORTHWEST HOME FOR THE AGED
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662
Health Service Area 006 Planning Service Area 601

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	68	0	0	7	0	81
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
TOTALS	6	68	0	0	7	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.33
LPN's	0.00
Certified Aides	27.76
Other Health Staff	2.00
Non-Health Staff	32.52
Totals	86.61

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
7.8%	84.2%	0.0%	0.0%	8.0%	100.0%		0.0%
386,898	4,161,000	0	0	396,025	4,943,923	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670
Health Service Area 001 Planning Service Area 007

Administrator
susan nead

Contact Person and Telephone
SUSAN K. MEAD
815-544-0358

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	12
Blood Disorders	8
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	113	111	113	104	9	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	111	113	104	9	113	113

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	167
Total Discharges 2007	160
Residents on 12/31/2007	104

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3075	7.5%	23191	56.2%	11502	37768	91.6%	91.6%
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%
TOTALS	3075	7.5%	23191	56.2%	11502	37768	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	4	10	14
75 to 84	10	27	0	0	0	0	0	0	10	27	37
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	28	76	0	0	0	0	0	0	28	76	104

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670
Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	59	11	2	20	0	104
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
TOTALS	12	59	11	2	20	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

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	28.00
Other Health Staff	12.00
Non-Health Staff	33.00
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
21.1%	58.7%	0.0%	2.6%	17.5%	100.0%		0.0%
1,226,152	3,408,998	0	153,587	1,016,490	5,805,227	0	

FACILITY NOTES

Bed change	6/21/2007	Discontinued 3 nursing care beds; facility now has 113 nursing care beds.

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696
Health Service Area 006 Planning Service Area 601

Administrator
MICHAEL D. TOOHEY

Contact Person and Telephone
MICHAEL D. TOOHEY
773-631-4856

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	9
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	13
Injuries and Poisonings	18
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	174

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	124	121	123	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	130	73	70	73	66	64		
TOTAL BEDS	261	197	191	196	174	87	131	131

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	178
Total Admissions 2007	356
Total Discharges 2007	360
Residents on 12/31/2007	174

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9743	20.4%	8689	18.2%	22352	40784	85.3%	90.1%
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					24625	24625	51.9%	92.4%
TOTALS	9743	20.4%	8689	18.2%	46977	65409	68.7%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
75 to 84	6	21	0	0	0	0	4	11	10	32	42
85+	12	62	0	0	0	0	11	40	23	102	125
TOTALS	22	86	0	0	0	0	15	51	37	137	174

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	19	0	0	55	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			5	0	61	0	66
TOTALS	34	19	5	0	116	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	239	199
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	127	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	66	173
Race Unknown	0	0	0	0	0
Total	108	0	0	66	174

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	107	0	0	66	173
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	66	174

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	15.00
Certified Aides	64.00
Other Health Staff	8.00
Non-Health Staff	94.00
Totals	198.00

NET REVENUE BY PAYOR 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%	7.1%	0.6%	5.8%	53.7%	100.0%		0.9%
4,203,240	904,502	72,646	745,638	6,862,577	12,788,603	118,862	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK BROOK HEALTH CARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

Administrator
Joanne Bedrosian

Contact Person and Telephone
Joanne Bedrosian
630-495-0220

Date Completed
4/7/2008

Registered Agent Information
Lawrence Schwartz
7366 N. Lincoln, Suite 305

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	57
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	141

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	150	156	141	15	126	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	156	156	150	156	141	15	126	154

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	141
Total Admissions 2007	181
Total Discharges 2007	181
Residents on 12/31/2007	141

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8758	19.0%	23552	41.9%	18316	50626	88.9%	88.9%
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	8758	19.0%	23552	41.9%	18316	50626	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	7	32	0	0	0	0	0	0	7	32	39
85+	13	82	0	0	0	0	0	0	13	82	95
TOTALS	22	119	0	0	0	0	0	0	22	119	141

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAK BROOK HEALTH CARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	59	0	0	54	0	141
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
TOTALS	28	59	0	0	54	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	238	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	1.00
Certified Aides	47.00
Other Health Staff	21.00
Non-Health Staff	69.00
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
39.1%	30.7%	0.0%	0.6%	29.6%	100.0%		0.0%
4,311,811	3,382,881	0	65,435	3,259,957	11,020,084	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK CREST/DEKALB AREA RETIREMENT CENTE
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers Facility ID 6006738
Health Service Area 001 Planning Service Area 037

Administrator
Stephen P Cichy

Contact Person and Telephone
Sharon Cox
815-756-8461

Date Completed
5/27/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	67	6	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	36	13		
TOTAL BEDS	122	122	122	122	103	19	6	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	54
Total Discharges 2007	46
Residents on 12/31/2007	103

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1093	49.9%	0	0.0%	23127	24220	90.9%	90.9%
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					14212	14212	79.5%	79.5%
TOTALS	1093	49.9%	0	0.0%	37339	38432	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	2	0	2
65 to 74	0	0	0	0	0	0	1	1	1	1	2
75 to 84	5	5	0	0	0	0	1	12	6	17	23
85+	13	44	0	0	0	0	4	15	17	59	76
TOTALS	18	49	0	0	0	0	8	28	26	77	103

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAK CREST/DEKALB AREA RETIREMENT CENTE
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers Facility ID 6006738
Health Service Area 001 Planning Service Area 037

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	63	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	36	0	36
TOTALS	4	0	0	0	99	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	36	103
Race Unknown	0	0	0	0	0
Total	67	0	0	36	103

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	36	103
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	36	103

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	43.00
Other Health Staff	3.00
Non-Health Staff	77.00
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
3.2%	0.0%	0.0%	0.0%	96.8%	100.0%		0.5%
272,654	0	0	165	8,370,765	8,643,584	43,818	

FACILITY NOTES

Bed change 3/13/2007 Added 7 nursing care beds; facility now has 73 nursing care and 49 sheltered care beds.

OAK FOREST HOSPITAL
15900 SOUTH CICERO AVENUE
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6006753
Health Service Area 007 Planning Service Area 705

Administrator
Sylvia Edwards

Contact Person and Telephone
Peggy A. Jones
708-633-3310

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
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	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	894	340	224	340	13	881	679	787
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	894	340	224	340	13	881	679	787

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	220
Total Admissions 2007	233
Total Discharges 2007	440
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	242	0.1%	31091	10.8%	8992	40325	12.4%	32.5%
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	242	0.1%	31091	10.8%	8992	40325	12.4%	32.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	1	0	0	0	0	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	10	3	0	0	0	0	0	0	10	3	13

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAK FOREST HOSPITAL
15900 SOUTH CICERO AVENUE
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6006753
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	12	0	0	1	0	13
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
TOTALS	0	12	0	0	1	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	510	270
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	3	0	0	0	3
Total	13	0	0	0	13

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	53.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	196.00
Non-Health Staff	461.00
Totals	746.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAK GLEN HOME
11210 95TH STREET
COAL VALLEY, IL. 61240

Reference Numbers Facility ID 6006761
Health Service Area 010 Planning Service Area 161

Administrator
Trudy Whittington

Contact Person and Telephone
Sheryl Thomas
309-799-3161 ext 122

Date Completed
4/17/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	67
Mental Illness	2
Developmental Disability	0
Circulatory System	34
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	166

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	216	178	216	166	79	20	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	216	178	216	166	79	20	245

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	176
Total Admissions 2007	114
Total Discharges 2007	124
Residents on 12/31/2007	166

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3195	43.8%	47352	53.0%	11651	62198	69.6%	78.9%
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	3195	43.8%	47352	53.0%	11651	62198	69.6%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	4	5	0	0	0	0	0	0	4	5	9
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	15	40	0	0	0	0	0	0	15	40	55
85+	14	63	0	0	0	0	0	0	14	63	77
TOTALS	41	125	0	0	0	0	0	0	41	125	166

OAK GLEN HOME
11210 95TH STREET
COAL VALLEY, IL. 61240

Reference Numbers Facility ID 6006761
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	122	1	0	35	0	166
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
TOTALS	8	122	1	0	35	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	30.00
Certified Aides	74.00
Other Health Staff	3.00
Non-Health Staff	58.00
Totals	177.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.8%	62.7%	0.0%	0.0%	26.5%	100.0%		0.0%
1,189,573	6,911,675	0	0	2,925,995	11,027,243	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK GROVE REHAB & SKILLED CARE
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6009203
Health Service Area 005 Planning Service Area 077

Administrator
Bonnie Mahan

Contact Person and Telephone
Robin Leehy
618-549-3355

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	11
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	131	91	67	91	55	76	24	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	91	67	91	55	76	24	131

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	55
Total Admissions 2007	77
Total Discharges 2007	77
Residents on 12/31/2007	55

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3215	36.7%	12944	27.1%	4785	20944	43.8%	63.1%
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%
TOTALS	3215	36.7%	12944	27.1%	4785	20944	43.8%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	18	37	0	0	0	0	0	0	18	37	55

OAK GROVE REHAB & SKILLED CARE
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6009203
Health Service Area 005 Planning Service Area 077

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	11	0	55
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
TOTALS	8	35	0	1	11	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	1.00
Non-Health Staff	23.00
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
39.7%	43.0%	0.0%	0.0%	17.2%	100.0%		0.0%
1,006,111	1,089,133	0	0	436,649	2,531,893	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Judy Niemann
618-939-3488

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	2
Circulatory System	34
Respiratory System	7
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	130	131	130	1	26	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	131	131	130	131	130	1	26	211

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	87
Total Discharges 2007	85
Residents on 12/31/2007	130

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4150	43.7%	27672	35.9%	14566	46388	97.0%	97.0%
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	4150	43.7%	27672	35.9%	14566	46388	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	5	6	0	0	0	0	0	0	5	6	11
75 to 84	16	29	0	0	0	0	0	0	16	29	45
85+	9	58	0	0	0	0	0	0	9	58	67
TOTALS	32	98	0	0	0	0	0	0	32	98	130

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK HILL
623 Hamacher
WATERLOO, IL. 62298

Reference Numbers Facility ID 6006274
Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	81	0	0	41	0	130
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
TOTALS	8	81	0	0	41	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	68.00
Other Health Staff	0.00
Non-Health Staff	87.00
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
16.9%	54.0%	0.7%	0.0%	28.3%	100.0%		0.0%
1,750,437	5,592,812	77,254	0	2,928,476	10,348,979	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK PARK HEALTHCARE CENTER
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795
Health Service Area 007 Planning Service Area 704

Administrator
Kevin R.Meals

Contact Person and Telephone
Kevin R.Meals
708-848-5966

Date Completed
4/28/2008

Registered Agent Information
Meyer Magence
8320 Skokie Boulevand

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	9
*Nervous System Non Alzheimer	7
Alzheimer Disease	16
Mental Illness	11
Developmental Disability	6
Circulatory System	13
Respiratory System	12
Digestive System	10
Genitourinary System Disorders	11
Skin Disorders	9
Musculo-skeletal Disorders	15
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	204	204	137	204	137	67	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	137	204	137	67	204	204

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	367
Total Discharges 2007	336
Residents on 12/31/2007	137

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4323	5.8%	39254	52.7%	2250	45827	61.5%	61.5%
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	4323	5.8%	39254	52.7%	2250	45827	61.5%	61.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	29	12	0	0	0	0	0	0	29	12	41
60 to 64	13	7	0	0	0	0	0	0	13	7	20
65 to 74	18	16	0	0	0	0	0	0	18	16	34
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	79	58	0	0	0	0	0	0	79	58	137

OAK PARK HEALTHCARE CENTER
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795
Health Service Area 007 Planning Service Area 704

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	121	0	0	0	0	137
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
TOTALS	16	121	0	0	0	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	89	0	0	0	89
Hawaiian/Pac. Isl.	5	0	0	0	5
White	36	0	0	0	36
Race Unknown	1	0	0	0	1
Total	137	0	0	0	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

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	30.00
Other Health Staff	27.00
Non-Health Staff	0.00
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
25.3%	73.2%	0.0%	0.0%	1.5%	100.0%		0.0%
1,535,353	4,436,388	0	0	92,851	6,064,592	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Deborah Wilberding
708 660-6974

Date Completed
5/29/2008

Registered Agent Information

FACILITY OWNERSHIP
TOWNSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	36	27	25	27	25	11	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	27	25	27	25	11	36	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	531
Total Discharges 2007	520
Residents on 12/31/2007	25

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6478	49.3%	4	0.0%	727	7209	54.9%	73.2%
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%
TOTALS	6478	49.3%	4	0.0%	727	7209	54.9%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	8	17	0	0	0	0	0	0	8	17	25

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK, IL. 60304

Reference Numbers Facility ID 6010615
Health Service Area 007 Planning Service Area 704

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	0	0	2	0	0	25
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
TOTALS	23	0	0	2	0	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	581	530
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	1	0	0	0	1
Total	25	0	0	0	25

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	1	0	0	0	1
Total	25	0	0	0	25

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	13.21
LPN's	2.45
Certified Aides	12.94
Other Health Staff	0.00
Non-Health Staff	2.25
Totals	31.85

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

FACILITY NOTES

Bed Change	11/26/2007	Discontinued 22 Skilled Nursing (LTC) beds effective 3/10/2005.

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. 'Pat' McDonagh

Contact Person and Telephone
Bridget P. 'Pat' McDonagh
618-242-2117

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5798	99.3%	0	5798	99.3%	99.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5798	99.3%	0	5798	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	6	1	7
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	3	0	0	0	3	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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAK TERRACE
4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006803
Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.50

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%		0.0%
0	627,511	0	0	0	627,511	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK TERRACE CARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

Administrator

Contact Person and Telephone
Melissa Degroot
217-787-6466

Date Completed
4/18/2008

Registered Agent Information
Kelly E. Smith
1750 West Washington Street

FACILITY OWNERSHIP
FOR-PROFIT TRUST

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	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	4
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	78	62	50	62	43	35	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	20	19	20	16	4		
TOTAL BEDS	98	82	69	82	59	39	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	39
Total Discharges 2007	42
Residents on 12/31/2007	59

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	16740	16740	58.8%	74.0%
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					6678	6678	91.5%	91.5%
TOTALS	0	0.0%	0	0.0%	23418	23418	65.5%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	5	0	0	0	0	0	1	5	6	11
85+	4	27	0	0	0	0	0	15	4	42	46
TOTALS	9	34	0	0	0	0	0	16	9	50	59

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAK TERRACE CARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	43	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	16	0	16
TOTALS	0	0	0	0	59	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	16	59
Race Unknown	0	0	0	0	0
Total	43	0	0	16	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	16	59
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	16	59

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	22.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	2,802,936	2,802,936	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKRIDGE CONVALESCENT HOME
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829
Health Service Area 007 Planning Service Area 704

Administrator

Contact Person and Telephone
LYNN L. ACERRA
708-547-6595

Date Completed
4/15/2008

Registered Agent Information
Michael C. Acerra
P.O. Box 232

FACILITY OWNERSHIP
IND PROPRIETORSHIP

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	7
Developmental Disability	3
Circulatory System	12
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	53	20	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	73	73	53	20	18	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	101
Total Discharges 2007	97
Residents on 12/31/2007	53

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1735	26.4%	13104	49.2%	6642	21481	80.6%	80.6%
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%
TOTALS	1735	26.4%	13104	49.2%	6642	21481	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	19	34	0	0	0	0	0	0	19	34	53

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKRIDGE CONVALESCENT HOME
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	31	0	0	18	0	53
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
TOTALS	4	31	0	0	18	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	21.00
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
1.9%	30.8%	1.7%	0.0%	65.6%	100.0%		0.0%
57,835	947,510	51,588	0	2,018,586	3,075,519	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

Administrator
-

Contact Person and Telephone
JAY LEWKOWITZ
847-299-5588

Date Completed
6/17/2008

Registered Agent Information
Fred Weiss
1745 W. Fulton
Chicago, IL 60612

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	5
Circulatory System	50
Respiratory System	30
Digestive System	12
Genitourinary System Disorders	27
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	23
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	230

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	294	294	242	294	230	64	294	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	242	294	230	64	294	294

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	242
Total Admissions 2007	549
Total Discharges 2007	561
Residents on 12/31/2007	230

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8798	8.2%	38320	35.7%	39186	86304	80.4%	80.4%
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%
TOTALS	8798	8.2%	38320	35.7%	39186	86304	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
75 to 84	14	45	0	0	0	0	0	0	14	45	59
85+	25	127	0	0	0	0	0	0	25	127	152
TOTALS	46	184	0	0	0	0	0	0	46	184	230

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	107	0	0	105	0	230
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
TOTALS	18	107	0	0	105	0	230

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	227	0	0	0	227
Race Unknown	1	0	0	0	1
Total	230	0	0	0	230

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	227	0	0	0	227
Ethnicity Unknown	1	0	0	0	1
Total	230	0	0	0	230

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	4.00
Certified Aides	82.00
Other Health Staff	10.00
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
18.8%	32.2%	0.0%	0.0%	48.9%	100.0%		0.0%
2,369,567	4,052,125	0	0	6,157,492	12,579,184	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6016109
Health Service Area 005 Planning Service Area 049

Administrator
Barb Rodgers

Contact Person and Telephone
Barb Rodgers
217-857-3186 X 109

Date Completed
5/5/2008

Registered Agent Information
Debra Pamenter
618 W Main
Teutopolis, IL 62467

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	4	8	12
45 to 59	0	0	0	0	2	1	0	0	2	1	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	7	9	0	0	7	9	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6016109
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	110	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.33
Certified Aides	0.00
Other Health Staff	6.38
Non-Health Staff	3.14
Totals	11.18

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%	84.3%	0.3%	0.0%	15.4%	100.0%		0.0%
0	515,330	1,900	0	94,025	611,255	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629
Health Service Area 011 Planning Service Area 027

Administrator
Amanda Welsh

Contact Person and Telephone
Amanda Welsh
618-224-7048

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5757	98.6%	0	5757	98.6%	98.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5757	98.6%	0	5757	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	4	0	0	3	4	7
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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	9	0	0	6	9	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629
Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
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%	87.3%	12.7%	0.0%	0.0%	100.0%		0.0%
0	587,512	85,228	0	0	672,740	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKVIEW HTS CONT C & REHAB CTR
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6003487
Health Service Area 005 Planning Service Area 047

Administrator
Roy J. Biggerstaff

Contact Person and Telephone
Roy J. Biggerstaff
618-263-4337

Date Completed
7/15/2008

Registered Agent Information
Roy J. Biggerstaff
1320 West 9th Street
Mt. Carmel, IL 62863

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	36
Developmental Disability	1
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	82	8	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	90	90	90	90	82	8	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	65
Total Discharges 2007	64
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3356	0.0%	17769	0.0%	9157	30282	92.2%	92.2%
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%
TOTALS	3356	0.0%	17769	0.0%	9157	30282	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	18	0	0	0	0	0	0	2	18	20
85+	5	48	0	0	0	0	0	0	5	48	53
TOTALS	11	71	0	0	0	0	0	0	11	71	82

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKVIEW HTS CONT C & REHAB CTR
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6003487
Health Service Area 005 Planning Service Area 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	50	0	0	23	0	82
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
TOTALS	9	50	0	0	23	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

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	35.00
Other Health Staff	1.00
Non-Health Staff	42.00
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
24.6%	36.2%	3.6%	0.0%	35.7%	100.0%		1.1%
1,144,245	1,683,198	166,864	0	1,661,022	4,655,329	50,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6011522
Health Service Area 002 Planning Service Area 179

Administrator
Matthew D. Steffen

Contact Person and Telephone
Ron Messner
309-266-9781

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5800	99.3%	0	5800	99.3%	99.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5800	99.3%	0	5800	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	2	0	0	5	2	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	8	8	0	0	8	8	16

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6011522
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.26
Registered Nurses	0.52
LPN's	0.00
Certified Aides	8.85
Other Health Staff	1.00
Non-Health Staff	1.75
Totals	12.71

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	1.1%	0.0%	17.0%	100.0%		0.0%
0	477,284	6,567	0	99,313	583,164	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OAKWOOD TERRACE
1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845
Health Service Area 007 Planning Service Area 702

Administrator
Heather Eisner

Contact Person and Telephone
Heather S. Eisner
847-869-1300

Date Completed
3/31/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	56	57	51	6	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	56	57	51	6	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	47
Total Admissions 2007	42
Total Discharges 2007	38
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1474	0.0%	15288	73.5%	2654	19416	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%
TOTALS	1474	0.0%	15288	73.5%	2654	19416	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	4	0	0	0	0	0	0	5	4	9
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	0	13	0	0	0	0	0	0	0	13	13
TOTALS	15	36	0	0	0	0	0	0	15	36	51

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OAKWOOD TERRACE
1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	45	0	1	4	0	51
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
TOTALS	1	45	0	1	4	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

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	16.00
Other Health Staff	3.00
Non-Health Staff	13.00
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
20.6%	66.0%	0.0%	0.0%	13.4%	100.0%		0.0%
537,542	1,719,899	0	0	349,509	2,606,950	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ODD FELLOW-REBEKAH 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
David Standerfer
217-235-5449

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	20
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	162	147	113	0	113	49	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	147	113	0	113	49	162	162

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	102
Total Discharges 2007	95
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4352	7.4%	25885	43.8%	8897	39134	66.2%	72.9%
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	4352	7.4%	25885	43.8%	8897	39134	66.2%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	11	0	0	0	0	0	0	6	11	17
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	11	49	0	0	0	0	0	0	11	49	60
TOTALS	25	88	0	0	0	0	0	0	25	88	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ODD FELLOW-REBEKAH HOME
201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Reference Numbers Facility ID 6006860
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	66	0	2	34	0	113
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
TOTALS	11	66	0	2	34	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	46.00
Other Health Staff	0.00
Non-Health Staff	37.50
Totals	103.50

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
28.5%	46.9%	0.0%	0.0%	24.6%	100.0%		0.0%
1,410,863	2,322,198	0	0	1,216,857	4,949,920	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information
CT Corporation System
208 South LaSalle Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Blood Disorders	5
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	97	99	83	16	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	97	99	83	16	33	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	235
Total Discharges 2007	247
Residents on 12/31/2007	83

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6386	53.0%	22491	62.2%	4391	33268	92.1%	92.1%
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%
TOTALS	6386	53.0%	22491	62.2%	4391	33268	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	0	0	0	0	0	0	2	10	12
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	20	63	0	0	0	0	0	0	20	63	83

ODIN HEALTH CARE CENTER
300 GREEN STREET
ODIN, IL. 62870

Reference Numbers Facility ID 6006878
Health Service Area 005 Planning Service Area 121

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	54	0	1	9	0	83
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
TOTALS	19	54	0	1	9	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.80
Registered Nurses	7.50
LPN's	8.00
Certified Aides	30.90
Other Health Staff	9.20
Non-Health Staff	30.20
Totals	88.60

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
52.3%	36.7%	0.2%	1.2%	9.5%	100.0%		0.0%
2,913,921	2,048,762	13,349	69,638	530,952	5,576,622	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

O'DONNELL HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010300
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.71
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	10.31

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
0.0%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	666,358	80,218	0	1,948	748,525	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	5.87
Other Health Staff	0.64
Non-Health Staff	2.10
Totals	9.03

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%	80.8%	0.0%	0.0%	19.2%	100.0%		0.0%
0	550,576	0	0	131,249	681,825	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ORCHARD COURT
1430 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014351
Health Service Area 005 Planning Service Area 181

Administrator
Gary Griffith

Contact Person and Telephone
Gary Griffith
618-833-5344

Date Completed
5/5/2008

Registered Agent Information
Timothy Keller
108 West Jackson St

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	0	5	0	5
65 to 74	0	0	0	0	3	0	0	0	3	0	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	14	0	0	0	14	0	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ORCHARD COURT
1430 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014351
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	7.00
Other Health Staff	5.00
Non-Health Staff	3.00
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%		0.0%
0	693,467	0	0	0	693,467	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ORCHARDVIEW REHAB AND HEALTH CARE
16827 1410 NORTH AVENUE
PRINCETON, IL. 61356

Reference Numbers Facility ID 6007587
Health Service Area 002 Planning Service Area 011

Administrator
Kathryn Langan

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	18
Developmental Disability	1
Circulatory System	19
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	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	MEDICAID CERTIFIED
Nursing Care	123	123	78	123	58	65	48	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	78	123	58	65	48	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	40
Total Discharges 2007	44
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1606	9.2%	17669	39.4%	3846	23121	51.5%	51.5%
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	1606	9.2%	17669	39.4%	3846	23121	51.5%	51.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	1	7	8
65 to 74	10	3	0	0	0	0	0	0	10	3	13
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	21	37	0	0	0	0	0	0	21	37	58

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ORCHARDVIEW REHAB AND HEALTH CARE
16827 1410 NORTH AVENUE
PRINCETON, IL. 61356

Reference Numbers Facility ID 6007587
Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	49	0	0	7	0	58
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
TOTALS	2	49	0	0	7	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	2.00
Non-Health Staff	34.00
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
21.9%	63.1%	0.0%	0.0%	15.0%	100.0%		0.0%
274,785	791,324	0	0	187,993	1,254,102	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OREGON HEALTHCARE CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6009989
Health Service Area 001 Planning Service Area 141

Administrator
APRIL HUNT

Contact Person and Telephone

847-982-2300

Date Completed
5/1/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	2
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	77	104	71	33	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	77	104	71	33	20	104

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	62
Total Discharges 2007	57
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2222	30.4%	14594	38.4%	9175	25991	68.5%	68.5%
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	2222	30.4%	14594	38.4%	9175	25991	68.5%	68.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	5	0	0	0	0	0	0	1	5	6
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	18	53	0	0	0	0	0	0	18	53	71

OREGON HEALTHCARE CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6009989
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	40	0	0	24	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
TOTALS	7	40	0	0	24	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	29.00
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
21.7%	43.3%	1.1%	0.0%	33.9%	100.0%		0.0%
710,175	1,418,743	35,882	0	1,108,017	3,272,817	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OSF ST. JOSEPH MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407
Health Service Area 004 Planning Service Area 113

Administrator
Deborah Smith

Contact Person and Telephone
Marcia Laesch
309-662-3311 ext 3070

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Circulatory System	2
Respiratory System	0
Digestive System	1
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	12	12	11	12	4	8	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	4	8	12	12

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	281
Total Discharges 2007	283
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1601	36.6%	8	0.2%	525	2134	48.7%	48.7%
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	1601	36.6%	8	0.2%	525	2134	48.7%	48.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	1	3	0	0	0	0	0	0	1	3	4

OSF ST. JOSEPH MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407
Health Service Area 004 Planning Service Area 113

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	0	1	4
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
TOTALS	3	0	0	0	0	1	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	346	346
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	2.20
LPN's	3.60
Certified Aides	4.00
Other Health Staff	0.40
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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Pat Howard
815-288-6691 Ext.223

Date Completed
4/20/2008

Registered Agent Information
Arlan Mc Clain
500 Anchor Road P.O. Box 366

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	6	0	0	0	6	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OTTAWA GROUP HOME
726 NORTH OTTAWA
DIXON, IL. 61021

Reference Numbers Facility ID 6013916
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	189	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	9.25

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%	11.7%	88.3%	0.0%	0.0%	100.0%		0.0%
0	44,568	336,481	0	0	381,049	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OTTAWA PAVILION
800 EAST CENTER 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
815-434-7144

Registered Agent Information

Date Completed
5/22/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	5
Circulatory System	26
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	119	112	112	112	91	28	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	112	112	112	91	28	119	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	169
Total Discharges 2007	168
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7204	16.6%	20023	46.1%	8237	35464	81.6%	86.8%
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	7204	16.6%	20023	46.1%	8237	35464	81.6%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	34	57	0	0	0	0	0	0	34	57	91

OTTAWA PAVILION
800 EAST CENTER STREET
OTTAWA, IL. 61350

Reference Numbers Facility ID 6006985
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	55	0	1	22	0	91
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
TOTALS	13	55	0	1	22	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	5.00
Non-Health Staff	39.00
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
42.4%	37.9%	0.0%	0.0%	19.6%	100.0%		0.0%
2,273,487	2,031,998	0	0	1,050,709	5,356,194	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OUR LADY OF ANGELS RET HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6006993
Health Service Area 009 Planning Service Area 197

Administrator
Michelle Hart-Carlson

Contact Person and Telephone
Michelle Hart-Carlson
815-725-6631

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	7
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	77
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	114

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	87	68	87	68	19	0	81
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	46	46	46	46	46	0		
TOTAL BEDS	133	133	114	133	114	19	0	81

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	54
Total Discharges 2007	23
Residents on 12/31/2007	114

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	6007	20.3%	12614	18621	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					15385	15385	91.6%	91.6%
TOTALS	0	0.0%	6007	20.3%	27999	34006	70.1%	70.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	7	7
75 to 84	1	11	0	0	0	0	2	12	3	23	26
85+	4	50	0	0	0	0	4	23	8	73	81
TOTALS	5	63	0	0	0	0	6	40	11	103	114

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OUR LADY OF ANGELS RET HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6006993
Health Service Area 009 Planning Service Area 197

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	36	0	32	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	46	0	46
TOTALS	0	0	36	0	78	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	2396	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	46	114
Race Unknown	0	0	0	0	0
Total	68	0	0	46	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	46	113
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	46	114

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.30
LPN's	15.40
Certified Aides	34.90
Other Health Staff	10.20
Non-Health Staff	55.70
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
0.0%	5.0%	0.0%	0.0%	95.0%	100.0%		1.2%
0	351,082	0	0	6,738,166	7,089,248	86,842	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

OUR LADY OF RESURRECT MED CTR
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
4/18/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	56	44	56	32	34	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	44	56	32	34	66	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	40
Total Admissions 2007	1253
Total Discharges 2007	1261
Residents on 12/31/2007	32

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13074	54.3%	0	0.0%	774	13848	57.5%	67.7%
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	13074	54.3%	0	0.0%	774	13848	57.5%	67.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	9	0	0	0	0	0	0	2	9	11
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	10	22	0	0	0	0	0	0	10	22	32

OUR LADY OF RESURRECT MED CTR
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID 6004931
Health Service Area 006 Planning Service Area 601

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	3	0	0	32
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
TOTALS	29	0	0	3	0	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	610	610
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	2	0	0	0	2
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.90
LPN's	0.60
Certified Aides	18.50
Other Health Staff	17.20
Non-Health Staff	14.10
Totals	74.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

OUR PLACE
301 N. 13TH P.O. BOX 1240
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017
Health Service Area 005 Planning Service Area 077

Administrator
Trena Briscoe

Contact Person and Telephone
Trena Briscoe
618-687-1415

Registered Agent Information

Date Completed
5/23/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

OUR PLACE
301 N. 13TH P.O. BOX 1240
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017
Health Service Area 005 Planning Service Area 077

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		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	130	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	5.25
Other Health Staff	1.25
Non-Health Staff	3.50
Totals	10.75

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%	85.6%	14.4%	0.0%	0.0%	100.0%		0.0%
0	570,097	95,793	0	0	665,890	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

P.A. PETERSON CENTER FOR HLTH.
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
815-399-8832

Date Completed
4/28/2008

Registered Agent Information

DES PLAINES, IL 60018

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	21
Mental Illness	26
Developmental Disability	0
Circulatory System	30
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	15
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	129

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	122	127	112	15	38	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	32	20	17	20	17	15		
TOTAL BEDS	159	147	139	147	129	30	38	117

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	123
Total Admissions 2007	720
Total Discharges 2007	714
Residents on 12/31/2007	129

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8989	64.8%	8625	20.2%	24133	41747	90.1%	90.1%
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					6044	6044	51.7%	82.8%
TOTALS	8989	64.8%	8625	20.2%	30177	47791	82.3%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	9	30	0	0	0	0	2	4	11	34	45
85+	13	51	0	0	0	0	1	10	14	61	75
TOTALS	26	86	0	0	0	0	3	14	29	100	129

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

P.A. PETERSON CENTER FOR HLTH.
1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041
Health Service Area 001 Planning Service Area 201

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	22	0	6	60	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	24	22	0	6	77	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	132	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	17	128
Race Unknown	0	0	0	0	0
Total	112	0	0	17	129

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	17	128
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	17	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.38
LPN's	22.31
Certified Aides	48.52
Other Health Staff	4.10
Non-Health Staff	61.94
Totals	153.25

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
37.7%	6.8%	0.0%	1.0%	54.5%	100.0%		0.0%
4,283,439	773,630	0	113,665	6,192,978	11,363,712	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Reference Numbers Facility ID 6002109
Health Service Area 004 Planning Service Area 029

Administrator
Glenna Birch

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	34
Mental Illness	80
Developmental Disability	6
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	139

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	163	151	163	139	39	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	163	151	163	139	39	178	178

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	143
Total Admissions 2007	98
Total Discharges 2007	102
Residents on 12/31/2007	139

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2505	3.9%	43373	66.8%	5613	51491	79.3%	86.5%
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	2505	3.9%	43373	66.8%	5613	51491	79.3%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	6	8	14
45 to 59	27	22	0	0	0	0	0	0	27	22	49
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	15	8	0	0	0	0	0	0	15	8	23
85+	7	9	0	0	0	0	0	0	7	9	16
TOTALS	73	66	0	0	0	0	0	0	73	66	139

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Reference Numbers Facility ID 6002109
Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	117	0	0	12	0	139
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
TOTALS	10	117	0	0	12	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	139	0	0	0	139

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	139	0	0	0	139

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	19.00
Certified Aides	59.00
Other Health Staff	0.00
Non-Health Staff	52.00
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
15.9%	72.6%	0.5%	0.0%	11.1%	100.0%		0.0%
946,312	4,314,438	26,831	0	657,485	5,945,066	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PALOS HILL EXTENDED CARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Reference Numbers Facility ID 6010086
Health Service Area 007 Planning Service Area 705

Administrator
lisa marie orzada

Contact Person and Telephone
Lisa Orzada
708-598-3460

Date Completed
5/21/2008

Registered Agent Information
robert kaplan
642 anthony trail

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	8
Alzheimer Disease	10
Mental Illness	5
Developmental Disability	2
Circulatory System	32
Respiratory System	11
Digestive System	11
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	136

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	174	142	174	136	67	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	174	142	174	136	67	135	183

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	125
Total Admissions 2007	204
Total Discharges 2007	193
Residents on 12/31/2007	136

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6457	13.1%	28199	42.2%	14945	49601	66.9%	78.1%
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%
TOTALS	6457	13.1%	28199	42.2%	14945	49601	66.9%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	15	8	0	0	0	0	0	0	15	8	23
60 to 64	4	10	0	0	0	0	0	0	4	10	14
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	54	82	0	0	0	0	0	0	54	82	136

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PALOS HILL EXTENDED CARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Reference Numbers Facility ID 6010086
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	96	0	1	27	0	136
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
TOTALS	12	96	0	1	27	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	4	0	0	0	4
Ethnicity Unknown	132	0	0	0	132
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	50.00
Other Health Staff	6.00
Non-Health Staff	47.00
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
34.3%	39.2%	0.0%	5.0%	21.5%	100.0%		0.0%
2,641,184	3,012,730	0	388,210	1,652,190	7,694,316	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Charles Keigley

Contact Person and Telephone
Judy K. Young
618-277-7730

Date Completed
4/14/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	95
Circulatory System	0
Respiratory System	0
Digestive System	0
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	97	100	95	5		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	97	100	95	5	0	100

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	7
Total Discharges 2007	8
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			34250	93.8%	340	34590	94.8%	94.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	34250	93.8%	340	34590	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	13	0	0	26	13	39
45 to 59	0	0	0	0	22	25	0	0	22	25	47
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	3	0	0	2	3	5
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	43	0	0	52	43	95

PARENT & FRIENDS OF THE SLC
1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6008882
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		94	0	0	1	0	95
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	1	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	132
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	31	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	64	0	64
Race Unknown	0	0	0	0	0
Total	0	0	95	0	95

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	95	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.63
Certified Aides	61.98
Other Health Staff	11.00
Non-Health Staff	24.13
Totals	108.74

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
0.0%	87.3%	0.0%	0.0%	12.7%	100.0%		0.0%
0	3,935,949	0	0	574,624	4,510,573	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6007090
Health Service Area 004 Planning Service Area 045

Administrator
Cathy Macke

Contact Person and Telephone
Cathy Macke
217-465-5376

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	1
Circulatory System	27
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	128	120	102	120	100	28	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	120	102	120	100	28	128	128

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	157
Total Discharges 2007	137
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4569	9.8%	19786	42.4%	8402	32757	70.1%	74.8%
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	4569	9.8%	19786	42.4%	8402	32757	70.1%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	10	0	0	0	0	0	0	7	10	17
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	24	76	0	0	0	0	0	0	24	76	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6007090
Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	59	1	1	28	0	100
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
TOTALS	11	59	1	1	28	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	25.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	75.00
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
29.5%	46.2%	0.0%	0.0%	24.3%	100.0%		0.0%
1,269,275	1,987,490	0	0	1,043,710	4,300,475	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	82
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	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	90	85	90	82	19	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	90	85	90	82	19	0	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	40
Total Discharges 2007	35
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	28113	76.3%	717	28830	78.2%	87.8%
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	0	0.0%	28113	76.3%	717	28830	78.2%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	22	22	0	0	0	0	0	0	22	22	44
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	39	43	0	0	0	0	0	0	39	43	82

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK HAVEN CARE CENTER
107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID 6007116
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	80	0	1	1	0	82
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
TOTALS	0	80	0	1	1	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.90
LPN's	6.40
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	15.70
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
0.0%	50.7%	3.8%	3.4%	42.1%	100.0%		0.0%
0	285,044	21,202	19,136	236,964	562,347	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARK HOUSE
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140
Health Service Area 006 Planning Service Area 602

Administrator
David Mashiach

Contact Person and Telephone
David Mashiach
773-522-0400

Date Completed
6/1/2008

Registered Agent Information
PARKHOUSE
2320 S. LAWNDALE AVE
CHICAGO, IL 60623

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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	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	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	95
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	106	106	106	0	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	106	106	106	0	0	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	515
Total Discharges 2007	505
Residents on 12/31/2007	106

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1000	0.0%	36135	93.4%	50	37185	96.1%	96.1%
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%
TOTALS	1000	0.0%	36135	93.4%	50	37185	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	20	10	0	0	0	0	0	0	20	10	30
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	58	48	0	0	0	0	0	0	58	48	106

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK HOUSE
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140
Health Service Area 006 Planning Service Area 602

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	90	0	5	6	0	106
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
TOTALS	5	90	0	5	6	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	82	0	0	0	82
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	6	0	0	0	6
Total	106	0	0	0	106

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	30.00
Other Health Staff	5.00
Non-Health Staff	5.00
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
13.6%	84.8%	0.0%	0.0%	1.6%	100.0%		0.0%
560,600	3,502,834	0	0	67,158	4,130,592	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID 6012264
Health Service Area 007 Planning Service Area 705

Administrator
Julia A. Grounds

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-385-1982

Date Completed
4/15/2008

Registered Agent Information
James H. Himmel
6500 College Drive

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5313	97.0%	0	5313	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5313	97.0%	0	5313	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID 6012264
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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%	77.6%	0.0%	0.0%	22.4%	100.0%		0.0%
0	465,000	0	0	134,000	599,000	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-396-1117 ext. 223

Date Completed
4/15/2008

Registered Agent Information
James H. Himmel
6500 College Drive

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	40	39	2		41
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	41	40	40	39	2	0	41

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	40
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	39

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			14518	97.0%	0	14518	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	14518	97.0%	0	14518	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	8	7	15
45 to 59	0	0	0	0	6	15	0	0	6	15	21
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	17	22	0	0	17	22	39

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK LAWN RESIDENTIAL CENTER
5831 WEST 115TH STREET
ALSIP, IL. 60803

Reference Numbers Facility ID 6007132
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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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%	89.2%	0.0%	0.0%	10.8%	100.0%		0.0%
0	2,061,000	0	0	249,000	2,310,000	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID 6013015
Health Service Area 003 Planning Service Area 021

Administrator

Contact Person and Telephone
Michele Cloe
217-562-7023

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	6	0	0	8	6	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID 6013015
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
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%		0.0%
0	611,970	0	0	0	611,970	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013502
Health Service Area 005 Planning Service Area 121

Administrator
Julie Clark

Contact Person and Telephone
Julie Clark
618-533-7922

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	9	0	0	3	9	12
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	4	12	0	0	4	12	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013502
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	161
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	2.50
Certified Aides	18.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	22.25

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%	90.7%	0.0%	0.0%	9.3%	100.0%		0.0%
0	854,358	0	0	87,203	941,561	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
847-825-5517

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	23
Mental Illness	0
Developmental Disability	9
Circulatory System	0
Respiratory System	5
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	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	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	40	6	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	46	46	40	6	46	46

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	64
Total Discharges 2007	66
Residents on 12/31/2007	40

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1209	7.2%	9977	59.4%	4043	15229	90.7%	90.7%
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	1209	7.2%	9977	59.4%	4043	15229	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	16	24	0	0	0	0	0	0	16	24	40

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157
Health Service Area 007 Planning Service Area 702

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	3	0	40
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
TOTALS	4	33	0	0	3	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

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	16.00
Other Health Staff	0.00
Non-Health Staff	15.00
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
24.7%	65.6%	0.0%	0.0%	9.8%	100.0%		0.0%
583,548	1,551,600	0	0	230,680	2,365,828	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082
Health Service Area 004 Planning Service Area 075

Administrator
James Wachtel

Contact Person and Telephone
James A Wachtel
217-369-7589

Registered Agent Information

Date Completed
4/21/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5820	99.7%	0	5820	99.7%	99.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5820	99.7%	0	5820	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	5	0	0	3	5	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	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082
Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.06
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	11.56

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%	79.0%	21.0%	0.0%	0.0%	100.0%		0.0%
0	514,265	136,514	0	0	650,779	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/8/2008

Registered Agent Information
Debra Gitz
1234 S. Park Blvd.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
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	0
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	27
Respiratory System	3
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	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	MEDICAID CERTIFIED
Nursing Care	28	28	25	28	16	12	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	30	26	21	21	23		
TOTAL BEDS	72	58	51	49	37	35	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	11
Total Discharges 2007	18
Residents on 12/31/2007	37

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	6992	6992	68.4%	68.4%
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					7210	7210	44.9%	65.8%
TOTALS	0	0.0%	0	0.0%	14202	14202	54.0%	67.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	2	2
85+	3	13	0	0	0	0	2	17	5	30	35
TOTALS	3	14	0	0	0	0	2	18	5	32	37

PARKVIEW HOME
1234 SOUTH PARK BOULEVARD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6007231
Health Service Area 001 Planning Service Area 177

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	12	4	16
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	19	2	21
TOTALS	0	0	0	0	31	6	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	66	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	21	37
Race Unknown	0	0	0	0	0
Total	16	0	0	21	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	16	0	0	21	37
Ethnicity Unknown	0	0	0	0	0
Total	16	0	0	21	37

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	16.00
Other Health Staff	0.00
Non-Health Staff	27.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		19.3%
0	0	0	0	1,552,524	1,552,524	299,960	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Parkview Terrace
430 30th Avenue
East Moline, IL. 61244

Reference Numbers Facility ID 6002646
Health Service Area 010 Planning Service Area 161

Administrator
Shelly Reiss Dothager

Contact Person and Telephone
Barak Baver
309-755-3466

Date Completed
4/30/2008

Registered Agent Information
Paul Gilman
330 N. Wabash Ave, Suite 3000

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	6
Developmental Disability	4
Circulatory System	7
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	94	83	94	77	43	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	94	83	94	77	43	72	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	76
Total Discharges 2007	82
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2050	7.8%	21605	49.3%	4467	28122	64.2%	82.0%
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	2050	7.8%	21605	49.3%	4467	28122	64.2%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	4	0	0	0	0	0	0	5	4	9
60 to 64	7	13	0	0	0	0	0	0	7	13	20
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	2	24	0	0	0	0	0	0	2	24	26
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	20	57	0	0	0	0	0	0	20	57	77

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Parkview Terrace
430 30th Avenue
East Moline, IL. 61244

Reference Numbers Facility ID 6002646
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	62	0	0	8	0	77
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
TOTALS	7	62	0	0	8	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

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	26.00
Other Health Staff	2.00
Non-Health Staff	34.00
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
24.5%	56.9%	0.0%	5.4%	13.2%	100.0%		0.0%
803,258	1,868,047	0	178,596	433,688	3,283,589	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Veronica Wilson
217-728-4357

Date Completed
7/14/2008

Registered Agent Information
Richard Grader
110 Southbrook Ct.
Decatur, IL 62521

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	4
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5261	#Div/0!	0	5261	90.1%	90.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5261	0.0%	0	5261	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	8	2	10
45 to 59	0	0	0	0	0	5	0	0	0	5	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	8	7	0	0	8	7	15

Patterson House
307 East Jefferson
Sullivan, IL. 61951

Reference Numbers Facility ID 6013114
Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.25
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.50

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%		0.0%
0	657,510	0	0	0	657,510	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PAVILION OF WAUKEGAN II
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799
Health Service Area 008 Planning Service Area 097

Administrator
Aaron Topper

Contact Person and Telephone
Pearl Coles
847-244-4100

Date Completed
6/18/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	100	109	84	25	51	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	84	25	51	109

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	400
Total Discharges 2007	401
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6565	35.3%	22034	55.4%	3573	32172	80.9%	80.9%
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	6565	35.3%	22034	55.4%	3573	32172	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	6	0	0	0	0	0	0	3	6	9
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	27	57	0	0	0	0	0	0	27	57	84

PAVILION OF WAUKEGAN II
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	58	2	0	7	0	84
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
TOTALS	17	58	2	0	7	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	13	0	0	0	13
Total	84	0	0	0	84

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	12	0	0	0	12
Total	84	0	0	0	84

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	20.00
Other Health Staff	4.00
Non-Health Staff	29.00
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
39.6%	49.2%	1.0%	0.0%	10.2%	100.0%		0.0%
1,890,046	2,348,593	46,267	0	485,653	4,770,559	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information
Timothy Keller
108 West Jackson St

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	3	1	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PEACHTREE ESTATES
1370 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014286
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	3.00
Non-Health Staff	3.00
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%		0.0%
0	732,213	0	0	0	732,213	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6011712
Health Service Area 002 Planning Service Area 179

Administrator
Becky Quigg

Contact Person and Telephone
Susan Sullivan
309-353-1099

Date Completed
5/7/2008

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	99	118	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	120	99	118	86	34	120	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	113
Total Discharges 2007	122
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4076	9.3%	12643	28.9%	14990	31709	72.4%	72.4%
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%
TOTALS	4076	9.3%	12643	28.9%	14990	31709	72.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	29	0	0	0	0	0	0	9	29	38
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	18	68	0	0	0	0	0	0	18	68	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6011712
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	30	0	0	48	0	86
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
TOTALS	8	30	0	0	48	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	13.00
Certified Aides	42.50
Other Health Staff	3.00
Non-Health Staff	31.50
Totals	93.50

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
45.4%	23.4%	0.0%	0.0%	31.2%	100.0%		0.3%
2,304,232	1,190,389	0	0	1,583,770	5,078,392	14,605	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PEKIN MEMORIAL HOSPITAL
600 SOUTH 13TH STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6013742
Health Service Area 002 Planning Service Area 179

Administrator
Tracy Prewett RN

Contact Person and Telephone
Tracy Prewett RN
309-353-0526

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
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	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	27	27	20	27	10	17	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	27	27	20	27	10	17	20	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	508
Total Discharges 2007	512
Residents on 12/31/2007	10

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4274	58.5%	0	0.0%	353	4627	47.0%	47.0%
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	4274	58.5%	0	0.0%	353	4627	47.0%	47.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	6	4	0	0	0	0	0	0	6	4	10

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PEKIN MEMORIAL HOSPITAL
600 SOUTH 13TH STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6013742
Health Service Area 002 Planning Service Area 179

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	0	0	10
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
TOTALS	10	0	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	578	578
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PERSHING CONVALESCENT CENTER
3900 SOUTH OAK PARK AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6007355
Health Service Area 007 Planning Service Area 705

Administrator
Prakash Navni

Contact Person and Telephone
Elena Barlow
708-484-7543

Date Completed
6/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	0
Respiratory System	4
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	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	46	51	45	6	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	46	51	45	6	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	43
Total Discharges 2007	40
Residents on 12/31/2007	45

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1045	0.0%	8588	0.0%	6389	16022	86.1%	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%
TOTALS	1045	0.0%	8588	0.0%	6389	16022	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	17	28	0	0	0	0	0	0	17	28	45

PERSHING CONVALESCENT CENTER
3900 SOUTH OAK PARK AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6007355
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	24	0	0	17	0	45
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
TOTALS	4	24	0	0	17	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	3.00
Non-Health Staff	10.00
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
36.3%	39.8%	23.9%	0.0%	0.0%	100.0%		0.0%
641,069	703,456	422,047	0	0	1,766,572	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Pershing Estates
1016 West Pershing Road
DECATUR, IL. 62526

Reference Numbers Facility ID 6007363
Health Service Area 004 Planning Service Area 115

Administrator
Sheila Herndon

Contact Person and Telephone
Linda Burgess
217-875-0833

Date Completed
5/2/2008

Registered Agent Information
Nick Striglos
122 E. William St.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	115
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	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	MEDICAID CERTIFIED
Nursing Care	137	137	123	137	115	22	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	137	137	123	137	115	22	0	127

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	107
Total Admissions 2007	59
Total Discharges 2007	51
Residents on 12/31/2007	115

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	37124	80.1%	1588	38712	77.4%	77.4%
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%
TOTALS	0	0.0%	37124	80.1%	1588	38712	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	9	0	0	0	0	0	0	21	9	30
45 to 59	31	28	0	0	0	0	0	0	31	28	59
60 to 64	11	2	0	0	0	0	0	0	11	2	13
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	70	45	0	0	0	0	0	0	70	45	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Pershing Estates
1016 West Pershing Road
DECATUR, IL. 62526

Reference Numbers Facility ID 6007363
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	110	3	0	2	0	115
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
TOTALS	0	110	3	0	2	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	81	81
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
0.0%	73.7%	25.4%	0.0%	0.9%	100.0%		0.0%
0	2,338,482	807,061	0	29,560	3,175,104	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	3

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	1	0	0	2	1	3

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PERSHING TERRACE
460 PERSHING
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013924
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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%	91.3%	0.0%	0.0%	8.7%	100.0%		0.0%
0	242,935	0	0	23,060	265,995	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. -5215

Reference Numbers Facility ID 6007371
Health Service Area 006 Planning Service Area 601

Administrator
Chaim Rajchenback

Contact Person and Telephone
Alice Oshinski, B.S.W.
773-478-2000

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	7
Endocrine/Metabolic	38
Blood Disorders	10
*Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	10
Developmental Disability	0
Circulatory System	30
Respiratory System	24
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	181

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	188	188	181	188	181	7	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	181	188	181	7	92	188

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	177
Total Admissions 2007	323
Total Discharges 2007	319
Residents on 12/31/2007	181

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4440	13.2%	55786	81.3%	4285	64511	94.0%	94.0%
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	4440	13.2%	55786	81.3%	4285	64511	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	13	6	0	0	0	0	0	0	13	6	19
65 to 74	22	21	0	0	0	0	0	0	22	21	43
75 to 84	26	34	0	0	0	0	0	0	26	34	60
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	82	99	0	0	0	0	0	0	82	99	181

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. -5215

Reference Numbers Facility ID 6007371
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	151	0	0	17	0	181
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
TOTALS	13	151	0	0	17	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	48	0	0	0	48
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	3.00
Certified Aides	59.00
Other Health Staff	4.00
Non-Health Staff	52.00
Totals	144.00

NET REVENUE BY PAYOR 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%	74.3%	0.0%	0.0%	6.5%	100.0%		0.0%
1,683,054	6,533,057	0	0	575,864	8,791,975	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
708-841-1071 ext 223

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5039	86.3%	0	5039	86.3%	86.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5039	86.3%	0	5039	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Phoenix Court
17312 Clyde Avenue
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012660
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		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	158
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.00
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%		0.0%
0	797,422	0	0	0	797,422	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Piasa Manor
110 North Alby Court
GODFREY, IL. 62035

Reference Numbers Facility ID 6000079
Health Service Area 011 Planning Service Area 119

Administrator
Cathy Brookshire

Contact Person and Telephone
Carol Dodd
618-466-9242

Date Completed
3/31/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4695	80.4%	0	4695	80.4%	80.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4695	80.4%	0	4695	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	3	0	0	6	3	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	8	7	0	0	8	7	15

Piasa Manor
110 North Alby Court
GODFREY, IL. 62035

Reference Numbers Facility ID 6000079
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
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%	83.7%	0.0%	0.0%	16.3%	100.0%		0.0%
0	569,302	0	0	111,159	680,461	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Karla Bradley

Contact Person and Telephone
Joan Clark

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
COUNTY

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	23
Mental Illness	11
Developmental Disability	1
Circulatory System	34
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	100	100	100	100	96	4	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	100	100	96	4	100	100

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	46
Total Discharges 2007	46
Residents on 12/31/2007	96

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1319	3.6%	17095	46.8%	17165	35579	97.5%	97.5%
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	1319	3.6%	17095	46.8%	17165	35579	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	21	75	0	0	0	0	0	0	21	75	96

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PIATT COUNTY NURSING HOME
1111 N. STATE STREET
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6007389
Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	42	0	0	49	0	96
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
TOTALS	5	42	0	0	49	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

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	31.00
Other Health Staff	0.00
Non-Health Staff	44.00
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
10.5%	41.1%	0.0%	0.0%	48.3%	100.0%		0.6%
519,894	2,029,359	0	0	2,383,682	4,932,935	27,942	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PILOT HOUSE
P.O. Box 369
CAIRO, IL. 62914

Reference Numbers Facility ID 6011548
Health Service Area 005 Planning Service Area 003

Administrator
Cheryl Sherrill

Contact Person and Telephone
Eric Chilman
618 734-3706

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5693	97.5%	0	5693	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5693	97.5%	0	5693	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	7
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PILOT HOUSE
P.O. Box 369
CAIRO, IL. 62914

Reference Numbers Facility ID 6011548
Health Service Area 005 Planning Service Area 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	98	98
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	9	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	85.3%	13.3%	0.0%	1.4%	100.0%		0.0%
0	472,158	73,723	0	7,731	553,612	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINCKNEYVILLE COMM HOSP SNF
101 NORTH WALNUT
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6007397
Health Service Area 005 Planning Service Area 145

Administrator
Thomas J. Hudgins

Contact Person and Telephone
Kara Jo Carson
618-357-5902

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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	8
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	50	50	46	50	46	4	4	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	46	4	4	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	65
Total Discharges 2007	61
Residents on 12/31/2007	46

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	795	54.5%	4908	26.9%	9859	15562	85.3%	85.3%
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%
TOTALS	795	54.5%	4908	26.9%	9859	15562	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	1	3	4
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	3	28	0	0	0	0	0	0	3	28	31
TOTALS	7	39	0	0	0	0	0	0	7	39	46

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINCKNEYVILLE COMM HOSP SNF
101 NORTH WALNUT
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6007397
Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	13	0	1	28	0	46
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
TOTALS	4	13	0	1	28	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.28
LPN's	6.91
Certified Aides	20.28
Other Health Staff	4.02
Non-Health Staff	6.56
Totals	44.05

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINCKNEYVILLE HEALTH CARE CENTER
708 Virginia Court
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6005441
Health Service Area 005 Planning Service Area 145

Administrator
Joyce Pinnay

Contact Person and Telephone
Tim Conner
618-357-2493

Date Completed
6/17/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	60	56	39	56	34	26	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	56	39	56	34	26	0	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	30
Total Admissions 2007	33
Total Discharges 2007	29
Residents on 12/31/2007	34

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	7030	32.1%	3213	10243	46.8%	50.1%
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%
TOTALS	0	0.0%	7030	32.1%	3213	10243	46.8%	50.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	6	0	0	0	0	0	0	1	6	7
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	8	26	0	0	0	0	0	0	8	26	34

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINCKNEYVILLE HEALTH CARE CENTER
708 Virginia Court
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6005441
Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	21	0	0	13	0	34
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
TOTALS	0	21	0	0	13	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	2	29
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	0.00
Non-Health Staff	17.00
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
0.0%	93.9%	0.0%	0.0%	6.1%	100.0%		0.0%
0	586,797	0	0	37,816	624,613	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINE ACRES CARE REHAB & LIVING CTR.
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers Facility ID 6007413
Health Service Area 001 Planning Service Area 037

Administrator

Contact Person and Telephone
DALENA KEMNA-KAHN
815-758-8151

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	3
Circulatory System	14
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	115	109	115	102	17	15	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	109	115	102	17	15	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	129
Total Discharges 2007	123
Residents on 12/31/2007	102

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4549	83.1%	18326	42.2%	12842	35717	82.2%	85.1%
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%
TOTALS	4549	83.1%	18326	42.2%	12842	35717	82.2%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	8	0	0	0	0	0	0	2	8	10
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	20	82	0	0	0	0	0	0	20	82	102

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINE ACRES CARE REHAB & LIVING CTR.
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers Facility ID 6007413
Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	53	0	0	34	0	102
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
TOTALS	15	53	0	0	34	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	10.00
Certified Aides	37.50
Other Health Staff	0.00
Non-Health Staff	38.50
Totals	93.50

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
32.3%	32.6%	0.0%	0.1%	35.0%	100.0%		0.0%
1,917,288	1,938,433	0	4,520	2,079,804	5,940,045	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014740
Health Service Area 008 Planning Service Area 097

Administrator
Desiree Mathews-Plonowski

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5520	94.5%	0	5520	94.5%	94.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5520	94.5%	0	5520	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	3	6	9
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014740
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	131
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.96
Other Health Staff	0.31
Non-Health Staff	1.31
Totals	7.83

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
0.0%	89.6%	0.0%	0.0%	10.4%	100.0%		0.0%
0	695,534	0	0	80,725	776,260	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447
Health Service Area 001 Planning Service Area 141

Administrator
Carol A Davis

Contact Person and Telephone
Mary Jo Griffin
815-734-4103

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Blood Disorders	3
*Nervous System Non Alzheimer	27
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	1
Circulatory System	28
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	124

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	141	141	135	141	124	17	49	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	141	141	135	141	124	17	49	143

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	129
Total Admissions 2007	205
Total Discharges 2007	210
Residents on 12/31/2007	124

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4876	27.3%	24254	46.5%	16608	45738	88.9%	88.9%
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	4876	27.3%	24254	46.5%	16608	45738	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	17	69	0	0	0	0	0	0	17	69	86
TOTALS	32	92	0	0	0	0	0	0	32	92	124

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	67	0	0	42	0	124
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
TOTALS	15	67	0	0	42	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	13.90
Certified Aides	53.50
Other Health Staff	1.00
Non-Health Staff	77.00
Totals	156.80

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
20.5%	32.8%	0.0%	0.0%	46.7%	100.0%		0.0%
1,521,336	2,434,322	0	0	3,468,100	7,423,758	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINNACLE HEALTHCARE OF BERWYN
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6003008
Health Service Area 007 Planning Service Area 704

Administrator
Jim Boyle

Contact Person and Telephone
Jesse Rodriguez
708-749-4160

Date Completed
6/6/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	53
Blood Disorders	15
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	31
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	145	108	108	108	108	37	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	108	108	108	108	37	118	145

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	116
Total Admissions 2007	150
Total Discharges 2007	158
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3413	7.9%	26334	49.8%	0	29747	56.2%	75.5%
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	3413	7.9%	26334	49.8%	0	29747	56.2%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	11	3	14
45 to 59	16	10	0	0	0	0	0	0	16	10	26
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	59	49	0	0	0	0	0	0	59	49	108

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PINNACLE HEALTHCARE OF BERWYN
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6003008
Health Service Area 007 Planning Service Area 704

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	83	0	0	10	0	108
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
TOTALS	15	83	0	0	10	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	39.00
Other Health Staff	9.00
Non-Health Staff	39.00
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
26.4%	62.6%	0.0%	1.0%	10.0%	100.0%		0.0%
416,705	988,123	0	15,807	157,203	1,577,838	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470
Health Service Area 003 Planning Service Area 013

Administrator
Vickie Summers

Contact Person and Telephone
Vickie Summers
217-285-5200

Date Completed
4/17/2008

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	12
Mental Illness	7
Developmental Disability	0
Circulatory System	24
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	89	89	84	89	80	9	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	84	89	80	9	89	89

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	82
Total Discharges 2007	82
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3544	10.9%	13272	40.9%	12217	29033	89.4%	89.4%
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%
TOTALS	3544	10.9%	13272	40.9%	12217	29033	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	20	60	0	0	0	0	0	0	20	60	80

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470
Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	39	0	0	32	0	80
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
TOTALS	9	39	0	0	32	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	39.00
Other Health Staff	23.00
Non-Health Staff	32.00
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
47.3%	25.6%	0.0%	0.0%	27.1%	100.0%		0.2%
2,099,629	1,136,312	0	0	1,201,859	4,437,802	8,624	

FACILITY NOTES

Bed Change	3/1/2007	Added 8 nursing care beds; facility now has 89 nursing care beds.

PLAZA TERRACE
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077
Health Service Area 007 Planning Service Area 705

Administrator
Helen Lacek

Contact Person and Telephone
Helen Lacek
708-389-3141

Date Completed
7/22/2008

Registered Agent Information
Helen Lacek
9777 Greenwood
Niles, IL 60417

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	18
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	2
Circulatory System	2
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	91	91	90	91	47	44	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	91	91	90	91	47	44	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	84
Total Discharges 2007	120
Residents on 12/31/2007	47

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4410	0.0%	19560	0.0%	2925	26895	81.0%	81.0%
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	4410	0.0%	19560	0.0%	2925	26895	81.0%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	16	1	0	0	0	0	0	0	16	1	17
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	4	6	0	0	0	0	0	0	4	6	10
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	27	20	0	0	0	0	0	0	27	20	47

PLAZA TERRACE
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	40	0	0	2	0	47
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
TOTALS	5	40	0	0	2	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	4.00
Non-Health Staff	41.00
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
31.6%	68.4%	0.0%	0.0%	0.0%	100.0%		1.5%
1,102,949	2,389,722	0	0	0	3,492,671	53,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT HILL VILLAGE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID 6007470
Health Service Area 003 Planning Service Area 117

Administrator
Glenn Miller

Contact Person and Telephone
Marlena Barnes
217-627-2181

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	34
Mental Illness	12
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	91	83	91	73	25	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	91	83	91	73	25	0	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	32
Total Discharges 2007	40
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	17020	47.6%	10795	27815	77.8%	83.7%
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	0	0.0%	17020	47.6%	10795	27815	77.8%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	12	61	0	0	0	0	0	0	12	61	73

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT HILL VILLAGE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID 6007470
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	46	0	4	22	1	73
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
TOTALS	0	46	0	4	22	1	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.03
LPN's	8.46
Certified Aides	27.43
Other Health Staff	0.00
Non-Health Staff	28.19
Totals	68.11

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%	28.7%	1.2%	0.0%	70.1%	100.0%		0.1%
0	744,745	31,576	0	1,822,528	2,598,849	3,650	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT MEADOWS CHR VILLAGE
400 W WASHINGTON
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
217-269-2396

Date Completed
5/3/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	29
Mental Illness	3
Developmental Disability	0
Circulatory System	21
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	109	109	103	109	100	9	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	103	109	100	9	109	109

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	102
Total Admissions 2007	101
Total Discharges 2007	103
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4278	10.8%	16114	40.5%	13455	33847	85.1%	85.1%
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%
TOTALS	4278	10.8%	16114	40.5%	13455	33847	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	29	0	0	0	0	0	0	6	29	35
85+	8	43	0	0	0	0	0	0	8	43	51
TOTALS	16	84	0	0	0	0	0	0	16	84	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT MEADOWS CHR VILLAGE
400 W WASHINGTON
CHRISMAN, IL. 61924

Reference Numbers Facility ID 6007488
Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	59	1	2	32	0	100
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
TOTALS	6	59	1	2	32	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
33.7%	28.0%	0.0%	2.9%	35.4%	100.0%		0.0%
1,935,247	1,605,390	0	166,714	2,031,903	5,739,256	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT VIEW HOME
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504
Health Service Area 001 Planning Service Area 195

Administrator
Tami Tegeler

Contact Person and Telephone
Tami Tegeler
815-772-7288

Date Completed
5/22/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	50

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	70	60	70	50	24	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	70	60	70	50	24	0	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	67
Total Discharges 2007	75
Residents on 12/31/2007	50

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	832	0.0%	13708	50.8%	5481	20021	74.1%	78.4%
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%
TOTALS	832	0.0%	13708	50.8%	5481	20021	74.1%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	4	0	0	0	0	0	0	3	4	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	14	36	0	0	0	0	0	0	14	36	50

PLEASANT VIEW HOME
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	33	0	1	13	0	50
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
TOTALS	3	33	0	1	13	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.30
LPN's	6.40
Certified Aides	22.28
Other Health Staff	5.20
Non-Health Staff	14.83
Totals	53.01

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
12.1%	56.0%	0.0%	0.0%	31.9%	100.0%		0.0%
290,188	1,346,651	0	0	768,350	2,405,189	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLEASANT VIEW LUTHER HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6007512
Health Service Area 002 Planning Service Area 099

Administrator
Stanley R. Jones

Contact Person and Telephone
Shirley Nelson
815-434-1130, Ext. 1019

Date Completed
4/29/2008

Registered Agent Information
Roger W. Paulsberg
800 W. Oakton Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	7
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	23
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	16
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	146

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	181	175	153	175	146	35	122	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	181	175	153	175	146	35	122	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	195
Total Discharges 2007	185
Residents on 12/31/2007	146

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5540	12.4%	24137	88.2%	22739	52416	79.3%	82.1%
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%
TOTALS	5540	12.4%	24137	88.2%	22739	52416	79.3%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	1	7	8
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	18	81	0	0	0	0	0	0	18	81	99
TOTALS	32	114	0	0	0	0	0	0	32	114	146

PLEASANT VIEW LUTHER HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6007512
Health Service Area 002 Planning Service Area 099

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	59	0	2	64	0	146
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
TOTALS	21	59	0	2	64	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	1	0	0	0	1
Total	146	0	0	0	146

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	40.00
Other Health Staff	2.00
Non-Health Staff	53.00
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
22.2%	29.7%	2.9%	0.0%	45.3%	100.0%		0.0%
1,753,894	2,352,297	225,882	0	3,581,340	7,913,413	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5327	91.2%	155	5482	93.9%	93.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5327	91.2%	155	5482	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012884
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	1	0	1
Ethnicity Unknown	0	0	14	0	14
Total	0	0	16	0	16

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	0.80
Other Health Staff	0.75
Non-Health Staff	2.10
Totals	3.90

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%	83.8%	0.0%	0.0%	16.2%	100.0%		0.0%
0	579,542	0	0	111,628	691,170	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Plum Grove of Palatine
24 South Plum Grove Road
PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
Health Service Area 007 Planning Service Area 701

Administrator
Lyric Cade

Contact Person and Telephone
David Stern
847-677-9823

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	69	69	59	69	56	13	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	69	59	69	56	13	5	69

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	56
Total Discharges 2007	44
Residents on 12/31/2007	56

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2563	140.4%	7478	29.7%	7995	18036	71.6%	71.6%
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%
TOTALS	2563	140.4%	7478	29.7%	7995	18036	71.6%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	7	0	0	0	0	0	0	0	7	7
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	12	44	0	0	0	0	0	0	12	44	56

Plum Grove of Palatine
24 South Plum Grove Road
PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	23	0	0	28	0	56
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
TOTALS	5	23	0	0	28	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	2.65
Certified Aides	21.60
Other Health Staff	0.00
Non-Health Staff	23.07
Totals	58.82

NET REVENUE BY PAYOR 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%	28.1%	0.0%	0.0%	49.7%	100.0%		0.0%
647,512	819,953	0	0	1,448,394	2,915,859	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6007538
Health Service Area 007 Planning Service Area 705

Administrator
Audrey L. Klopp

Contact Person and Telephone
Audrey Klopp
708-482-6672

Date Completed
5/2/2008

Registered Agent Information
Dale T. Lilburn
315 N. LaGrange Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	86	55	42	55	38	48	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	134	100	67	100	65	69		
TOTAL BEDS	220	155	109	155	103	117	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	64
Total Discharges 2007	58
Residents on 12/31/2007	103

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	13720	13720	43.7%	68.3%
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					21780	21780	44.5%	59.7%
TOTALS	0	0.0%	0	0.0%	35500	35500	44.2%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	6	12	9	15	24
85+	9	23	0	0	0	0	8	39	17	62	79
TOTALS	12	26	0	0	0	0	14	51	26	77	103

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6007538
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	38	0	38
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	65	0	65
TOTALS	0	0	0	0	103	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	113	74

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	65	103
Race Unknown	0	0	0	0	0
Total	38	0	0	65	103

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	65	103
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	65	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.04
LPN's	7.55
Certified Aides	16.93
Other Health Staff	7.08
Non-Health Staff	62.00
Totals	98.60

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	0	0	4,945,474	4,945,474	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
5/1/2008

Registered Agent Information
Sister Rosemary Cnnelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	0	0	10	0	10
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	12	0	0	0	12	0	12

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	1	0	1
Total	0	0	12	0	12

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.18
Other Health Staff	1.60
Non-Health Staff	0.15
Totals	11.28

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%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	670,988	80,775	0	1,961	753,725	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

POLO REHAB & HCC
703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID 6007546
Health Service Area 001 Planning Service Area 141

Administrator
Teresa Blair

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/2/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	14
Mental Illness	1
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	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	81	73	49	73	45	36	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	73	49	73	45	36	81	81

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	45
Total Admissions 2007	85
Total Discharges 2007	85
Residents on 12/31/2007	45

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1228	4.2%	8858	30.0%	6368	16454	55.7%	61.8%
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	1228	4.2%	8858	30.0%	6368	16454	55.7%	61.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	2	0	0	0	0	0	0	0	2	2
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	9	36	0	0	0	0	0	0	9	36	45

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

POLO REHAB & HCC
703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID 6007546
Health Service Area 001 Planning Service Area 141

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	15	0	45
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
TOTALS	4	26	0	0	15	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	1.00
Non-Health Staff	22.00
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
18.1%	35.4%	0.0%	0.0%	46.5%	100.0%		0.0%
460,800	899,932	0	0	1,181,087	2,541,819	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Marsha Broadway
618-683-7711

Date Completed
4/21/2008

Registered Agent Information
Hilda Randolph
2421 Albert Rasche Drive
Cape Girardeau, MO 63701

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
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	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	MEDICAID CERTIFIED
Nursing Care	47	47	34	47	28	19	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	47	47	34	47	28	19	0	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	34
Total Admissions 2007	26
Total Discharges 2007	32
Residents on 12/31/2007	28

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1695	0.0%	5975	23.4%	2774	10444	60.9%	60.9%
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	1695	0.0%	5975	23.4%	2774	10444	60.9%	60.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	9	19	0	0	0	0	0	0	9	19	28

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	12	0	0	10	0	28
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
TOTALS	6	12	0	0	10	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	1.00
Non-Health Staff	15.00
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
41.3%	35.5%	0.0%	0.0%	23.3%	100.0%		0.0%
515,612	442,756	0	0	290,587	1,248,955	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE CITY HEALTH CARE CTRE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID 6007561
Health Service Area 002 Planning Service Area 109

Administrator
Ed Franciskovich

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	47	47	33	47	29	18	9	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	33	47	29	18	9	47

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	31
Total Admissions 2007	23
Total Discharges 2007	25
Residents on 12/31/2007	29

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	612	18.6%	7380	43.0%	2992	10984	64.0%	64.0%
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	612	18.6%	7380	43.0%	2992	10984	64.0%	64.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	5	0	0	0	0	0	0	1	5	6
85+	2	16	0	0	0	0	0	0	2	16	18
TOTALS	5	24	0	0	0	0	0	0	5	24	29

PRAIRIE CITY HEALTH CARE CTRE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID 6007561
Health Service Area 002 Planning Service Area 109

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	7	0	29
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
TOTALS	1	21	0	0	7	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	3.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	6.00
Totals	22.50

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
20.3%	52.5%	0.0%	0.0%	27.2%	100.0%		0.0%
217,110	562,119	0	0	291,182	1,070,411	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE ESTATES
403 NORTH STATE STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6007579
Health Service Area 005 Planning Service Area 025

Administrator
Teresa Jill Harrell

Contact Person and Telephone
Angela Simmons
618-662-9440

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5735	98.2%	0	5735	98.2%	98.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5735	98.2%	0	5735	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	3	0	0	0	3	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

PRAIRIE ESTATES
403 NORTH STATE STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6007579
Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	130	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.00
Other Health Staff	3.00
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%	81.7%	18.3%	0.0%	0.0%	100.0%		0.0%
0	494,597	110,649	0	0	605,246	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011951
Health Service Area 007 Planning Service Area 705

Administrator
Whitney Oberlink

Contact Person and Telephone
Meloneze Gilbert
(708) 758-7226

Date Completed
5/10/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5643	96.6%	0	5643	96.6%	96.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5643	96.6%	0	5643	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	3	0	0	1	3	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	7	7	0	0	7	7	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011951
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	138
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.02
LPN's	0.00
Certified Aides	6.78
Other Health Staff	0.59
Non-Health Staff	1.50
Totals	9.14

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	661,396	0	0	142,313	803,709	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE MANOR NSG & REHAB CTR
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6011746
Health Service Area 007 Planning Service Area 705

Administrator
Charles Slagle

Contact Person and Telephone
Darcie Melia
708-754-7601

Date Completed
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	5
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	20
Digestive System	10
Genitourinary System Disorders	11
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	148	148	142	148	123	25	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	142	148	123	25	148	148

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	137
Total Admissions 2007	298
Total Discharges 2007	312
Residents on 12/31/2007	123

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13967	25.9%	25390	47.0%	8271	47628	88.2%	88.2%
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%
TOTALS	13967	25.9%	25390	47.0%	8271	47628	88.2%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	3	0	0	0	0	0	0	1	3	4
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	11	30	0	0	0	0	0	0	11	30	41
85+	13	43	0	0	0	0	0	0	13	43	56
TOTALS	32	91	0	0	0	0	0	0	32	91	123

PRAIRIE MANOR NSG & REHAB CTR
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6011746
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	66	0	1	21	0	123
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
TOTALS	35	66	0	1	21	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	4	0	0	0	4
Total	123	0	0	0	123

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	20.00
Certified Aides	57.00
Other Health Staff	5.00
Non-Health Staff	42.00
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
46.4%	36.9%	0.0%	3.1%	13.6%	100.0%		0.0%
3,707,694	2,945,199	0	251,477	1,085,325	7,989,695	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 R. Morrell

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	4
Circulatory System	13
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	121	105	75	77	62	59	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	105	75	77	62	59	121	121

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	61
Total Admissions 2007	73
Total Discharges 2007	72
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1760	4.0%	17915	40.6%	4509	24184	54.8%	63.1%
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%
TOTALS	1760	4.0%	17915	40.6%	4509	24184	54.8%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	21	41	0	0	0	0	0	0	21	41	62

PRAIRIE ROSE HEALTHCARE CENTER
900 SOUTH CHESTNUT STREET
PANA, IL. 62557

Reference Numbers Facility ID 6007082
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	44	0	0	14	0	62
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
TOTALS	4	44	0	0	14	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	4.00
Non-Health Staff	17.00
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
18.7%	67.2%	0.0%	0.0%	14.1%	100.0%		0.0%
688,194	2,472,112	0	0	517,537	3,677,843	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE VIEW CR CTR-LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812
Health Service Area 002 Planning Service Area 057

Administrator
Clinton David McDaniel

Contact Person and Telephone
Clinton D. McDaniel
309-547-2267

Date Completed
4/25/2008

Registered Agent Information
Judith S. Sherwin
111 E. Wacker Drive Suite 2800

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	16
Digestive System	16
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	91	75	91	75	24	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	91	75	91	75	24	50	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	40
Total Discharges 2007	35
Residents on 12/31/2007	75

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1923	10.5%	22008	60.9%	2298	26229	72.6%	79.0%
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	1923	10.5%	22008	60.9%	2298	26229	72.6%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	0	0	0	0	0	0	12	9	21
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	8	3	0	0	0	0	0	0	8	3	11
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	37	38	0	0	0	0	0	0	37	38	75

PRAIRIE VIEW CR CTR-LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	58	0	0	8	0	75
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
TOTALS	9	58	0	0	8	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	126	120

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	2.00
Non-Health Staff	42.00
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
21.8%	67.0%	0.0%	2.2%	8.9%	100.0%		0.0%
657,472	2,021,532	0	67,690	268,853	3,015,547	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIE VILLAGE HEALTHCARE CTR
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006027
Health Service Area 003 Planning Service Area 137

Administrator
Pamela Rooney-Brown

Contact Person and Telephone
Pamela Rooney - Brown
217-245-5175

Date Completed
4/25/2008

Registered Agent Information
Meyer Magence
8320 Skokie Blvd

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	70

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	78	126	70	56	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	78	126	70	56	53	126

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	75
Total Admissions 2007	25
Total Discharges 2007	30
Residents on 12/31/2007	70

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2136	11.0%	20597	44.8%	3939	26672	58.0%	58.0%
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	2136	11.0%	20597	44.8%	3939	26672	58.0%	58.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	7	0	0	0	0	0	0	4	7	11
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	23	47	0	0	0	0	0	0	23	47	70

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PRAIRIE VILLAGE HEALTHCARE CTR
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006027
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	10	50	0	6	4	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
TOTALS	10	50	0	6	4	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	70	0	0	0	70
Total	70	0	0	0	70

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	30.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
20.1%	66.5%	0.0%	0.0%	13.4%	100.0%		0.0%
632,792	2,092,825	0	0	421,193	3,146,810	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158
Health Service Area 008 Planning Service Area 097

Administrator
Denise Dale

Contact Person and Telephone
Denise Dale
847-852-3500

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

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	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	20	20	12	20	9	11	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	20	20	12	20	9	11	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	40
Total Discharges 2007	35
Residents on 12/31/2007	9

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	2653	2653	36.3%	36.3%
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%
TOTALS	0	0.0%	0	0.0%	2653	2653	36.3%	36.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	0	9	0	0	0	0	0	0	0	9	9

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	9	0	9
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
TOTALS	0	0	0	0	9	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	245
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	9	0	0	0	9

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	0	9
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	0	9

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	7.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	551,498	551,498	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID 6007595
Health Service Area 004 Planning Service Area 075

Administrator
Carol E Peters

Contact Person and Telephone
Carol Lehmann
815-269-2970

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	92	92	84	8	20	25
Skilled Under 22	0	0	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	84	8	20	25

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	86
Total Discharges 2007	86
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2347	32.2%	7024	77.0%	21386	30757	91.6%	91.6%
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%
TOTALS	2347	32.2%	7024	77.0%	21386	30757	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	16	0	0	0	0	0	0	6	16	22
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	17	67	0	0	0	0	0	0	17	67	84

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID 6007595
Health Service Area 004 Planning Service Area 075

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	16	0	0	62	0	84
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
TOTALS	6	16	0	0	62	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	177
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	43.00
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
8.0%	14.5%	0.0%	0.0%	77.5%	100.0%		1.4%
386,653	695,896	0	0	3,725,718	4,808,267	69,398	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRESIDENTIAL PAVILION
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954
Health Service Area 006 Planning Service Area 603

Administrator

Contact Person and Telephone
Michael Rosen
773-436-6600

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	63
Blood Disorders	32
*Nervous System Non Alzheimer	16
Alzheimer Disease	6
Mental Illness	136
Developmental Disability	2
Circulatory System	4
Respiratory System	43
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	328

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	328	328	328	328	328	0	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	328	328	328	0	108	328

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	328
Total Admissions 2007	298
Total Discharges 2007	298
Residents on 12/31/2007	328

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10321	26.2%	99556	83.2%	8501	118378	98.9%	98.9%
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	10321	26.2%	99556	83.2%	8501	118378	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	48	0	0	0	0	0	0	46	48	94
45 to 59	75	52	0	0	0	0	0	0	75	52	127
60 to 64	18	13	0	0	0	0	0	0	18	13	31
65 to 74	35	13	0	0	0	0	0	0	35	13	48
75 to 84	12	8	0	0	0	0	0	0	12	8	20
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	189	139	0	0	0	0	0	0	189	139	328

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PRESIDENTIAL PAVILION
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	291	6	1	2	0	328
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
TOTALS	28	291	6	1	2	0	328

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	305	0	0	0	305
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	328	0	0	0	328

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	321	0	0	0	321
Ethnicity Unknown	0	0	0	0	0
Total	328	0	0	0	328

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	30.00
Certified Aides	99.00
Other Health Staff	0.00
Non-Health Staff	106.00
Totals	245.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
22.3%	76.6%	0.0%	0.1%	1.0%	100.0%		0.0%
3,011,674	10,318,248	0	12,400	135,086	13,477,408	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROCTOR HOSPITAL/Skilled Nursing
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID 6010813
Health Service Area 002 Planning Service Area 143

Administrator
Dawn Stambaugh

Contact Person and Telephone
Dawn Stambaugh
309-691-1044

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NO DESCRIPTION

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	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	30	20	20	20	7	23	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	30	20	20	20	7	23	36	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	570
Total Discharges 2007	578
Residents on 12/31/2007	7

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5519	42.0%	0	0.0%	353	5872	53.6%	80.4%
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%
TOTALS	5519	42.0%	0	0.0%	353	5872	53.6%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	2	5	0	0	0	0	0	0	2	5	7

PROCTOR HOSPITAL/Skilled Nursing
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID 6010813
Health Service Area 002 Planning Service Area 143

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	1	0	0	7
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
TOTALS	6	0	0	1	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	500	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	1	0	0	0	1
Total	7	0	0	0	7

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	1	0	0	0	1
Total	7	0	0	0	7

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	9.25
LPN's	1.60
Certified Aides	5.40
Other Health Staff	2.00
Non-Health Staff	2.80
Totals	22.05

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6007637
Health Service Area 001 Planning Service Area 195

Administrator
Jeanette DeFrieze

Contact Person and Telephone
Angela Smith
815-537-5175

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	70	70	70	69	1	20	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	69	1	20	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	77
Total Discharges 2007	74
Residents on 12/31/2007	69

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2292	31.4%	11323	44.3%	10301	23916	93.6%	93.6%
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%
TOTALS	2292	31.4%	11323	44.3%	10301	23916	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	16	0	0	0	0	0	0	10	16	26
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	16	53	0	0	0	0	0	0	16	53	69

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6007637
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	29	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
TOTALS	6	34	0	0	29	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	1.00
Non-Health Staff	9.00
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
24.6%	29.1%	0.0%	0.0%	46.2%	100.0%		0.0%
884,178	1,045,797	0	0	1,660,235	3,590,210	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA 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
815-877-7416

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	20
Digestive System	11
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	73	68	73	68	5	73	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	61	51	61	51	10		
TOTAL BEDS	134	134	119	134	119	15	73	12

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	329
Total Discharges 2007	322
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8964	33.6%	3599	82.2%	12257	24820	93.2%	93.2%
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					18615	18615	83.6%	83.6%
TOTALS	8964	33.6%	3599	82.2%	30872	43435	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	0	2	2
45 to 59	1	1	0	0	0	0	0	1	1	2	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	2	0	0	0	0	2	1	9	3	12
75 to 84	7	14	0	0	0	0	6	11	13	25	38
85+	4	30	0	0	0	0	9	20	13	50	63
TOTALS	19	49	0	0	0	0	17	34	36	83	119

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA COR MARIAE CENTER
3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	10	0	0	21	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	48	3	51
TOTALS	37	10	0	0	69	3	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	101	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	51	117
Race Unknown	0	0	0	0	0
Total	68	0	0	51	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	51	119
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	51	119

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.20
LPN's	11.74
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	59.06
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
29.8%	4.2%	0.0%	11.5%	54.4%	100.0%		0.2%
2,531,037	358,899	0	979,710	4,625,598	8,495,244	21,139	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA GENEVA CARE CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID 6003503
Health Service Area 008 Planning Service Area 089

Administrator
Dawn Renee' Furman

Contact Person and Telephone
Dawn Renee' Furman
630-397-5401

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	14
Developmental Disability	1
Circulatory System	11
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	107	107	106	107	81	26	63	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	107	107	106	107	81	26	63	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	103
Total Admissions 2007	145
Total Discharges 2007	167
Residents on 12/31/2007	81

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5315	23.1%	22730	85.3%	6539	34584	88.6%	88.6%
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%
TOTALS	5315	23.1%	22730	85.3%	6539	34584	88.6%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	2	5
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	16	65	0	0	0	0	0	0	16	65	81

PROVENA GENEVA CARE CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID 6003503
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	14	56	0	0	11	0	81
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
TOTALS	14	56	0	0	11	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	6.50
Certified Aides	34.00
Other Health Staff	7.00
Non-Health Staff	24.00
Totals	81.50

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
28.6%	42.4%	0.0%	1.7%	27.4%	100.0%		0.0%
1,585,956	2,352,987	0	93,449	1,521,426	5,553,818	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246
Health Service Area 009 Planning Service Area 091

Administrator
Carol D McIntyre

Contact Person and Telephone
Carol D McIntyre
815-939-4506

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	13
Other Medical Conditions	32
Non-Medical Conditions	4
TOTALS	78

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	48	51	48	3	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	30	36	30	49		
TOTAL BEDS	130	87	78	87	78	52	51	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	111
Total Discharges 2007	102
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9855	52.9%	0	0.0%	7665	17520	94.1%	94.1%
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					10950	10950	38.0%	83.3%
TOTALS	9855	52.9%	0	0.0%	18615	28470	60.0%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	9	0	0	0	0	4	8	10	17	27
85+	3	28	0	0	0	0	2	16	5	44	49
TOTALS	10	38	0	0	0	0	6	24	16	62	78

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246
Health Service Area 009 Planning Service Area 091

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	0	0	0	19	2	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	1	30
TOTALS	27	0	0	0	48	3	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	103	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	30	77
Race Unknown	0	0	0	0	0
Total	48	0	0	30	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	30	78
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	30	78

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	34.00
Other Health Staff	3.00
Non-Health Staff	52.00
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
43.6%	0.0%	0.0%	0.7%	55.7%	100.0%		0.7%
2,130,487	0	0	34,766	2,722,102	4,887,355	33,629	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA MCAULEY MANOR
400 WEST SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912
Health Service Area 008 Planning Service Area 089

Administrator
Jennifer Roach

Contact Person and Telephone
Bill Erue
630-859-3700

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	87	77	87	72	15	83	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	87	87	77	87	72	15	83	4

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	543
Total Discharges 2007	537
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10586	34.9%	1187	81.3%	14602	26375	83.1%	83.1%
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%
TOTALS	10586	34.9%	1187	81.3%	14602	26375	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	13	29	0	0	0	0	0	0	13	29	42
TOTALS	21	51	0	0	0	0	0	0	21	51	72

PROVENA MCAULEY MANOR
400 WEST SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912
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	31	4	0	2	35	0	72
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
TOTALS	31	4	0	2	35	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	3	0	0	0	3
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	5.00
Certified Aides	30.90
Other Health Staff	5.90
Non-Health Staff	46.00
Totals	96.90

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
44.4%	2.0%	0.0%	4.1%	49.5%	100.0%		0.0%
3,078,153	135,782	0	287,575	3,429,165	6,930,675	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

Administrator
Melissa K. Adams

Contact Person and Telephone
Melissa Adams
815-937-2022

Registered Agent Information

Date Completed
5/5/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	2
TOTALS	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	107	107	107	92	15	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	107	107	92	15	55	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	161
Total Discharges 2007	160
Residents on 12/31/2007	92

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8377	41.7%	23452	71.4%	3104	34933	89.4%	89.4%
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%
TOTALS	8377	41.7%	23452	71.4%	3104	34933	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	4	37	0	0	0	0	0	0	4	37	41
TOTALS	16	76	0	0	0	0	0	0	16	76	92

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

PROVENA OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	63	0	1	10	0	92
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
TOTALS	18	63	0	1	10	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	3	0	0	0	3
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	37.00
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
43.0%	44.2%	0.0%	3.9%	8.8%	100.0%		0.0%
2,370,092	2,436,078	0	215,435	485,048	5,506,653	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA 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
Mary Pat Wright

Contact Person and Telephone
Mary Pat Wright
630-377-2211

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	1
Circulatory System	17
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	90

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	118	120	90	30	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	120	118	120	90	30	120	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	270
Total Discharges 2007	285
Residents on 12/31/2007	90

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6688	15.3%	18982	86.7%	11945	37615	85.9%	85.9%
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	6688	15.3%	18982	86.7%	11945	37615	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	22	68	0	0	0	0	0	0	22	68	90

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439
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	17	46	0	0	27	0	90
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
TOTALS	17	46	0	0	27	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.70
LPN's	4.75
Certified Aides	29.30
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	86.75

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
29.3%	29.7%	0.0%	2.1%	38.9%	100.0%		0.0%
1,976,595	2,000,260	0	141,739	2,623,501	6,742,095	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817
Health Service Area 001 Planning Service Area 201

Administrator

Contact Person and Telephone
JANELLE CHADWICK
815-229-1999

Date Completed
5/2/2008

Registered Agent Information
Meghan Kieffer
19068 Hickory Creek Drive, Suite 300
Mokena, IL 60448

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	15
Digestive System	10
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	42
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	179	179	172	179	160	19	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	172	179	160	19	119	60

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	154
Total Admissions 2007	716
Total Discharges 2007	710
Residents on 12/31/2007	160

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16438	37.8%	19606	89.5%	23680	59724	91.4%	91.4%
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%
TOTALS	16438	37.8%	19606	89.5%	23680	59724	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	8	0	0	0	0	0	0	7	8	15
75 to 84	18	27	0	0	0	0	0	0	18	27	45
85+	16	82	0	0	0	0	0	0	16	82	98
TOTALS	42	118	0	0	0	0	0	0	42	118	160

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	48	0	4	52	0	160
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
TOTALS	56	48	0	4	52	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	160	0	0	0	160
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	35.00
Certified Aides	68.00
Other Health Staff	9.00
Non-Health Staff	49.00
Totals	173.00

NET REVENUE BY PAYOR 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%	17.5%	0.0%	11.0%	32.6%	100.0%		0.0%
4,551,251	2,045,271	0	1,284,306	3,810,645	11,691,473	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973
Health Service Area 001 Planning Service Area 177

Administrator
Theresa Parsek

Contact Person and Telephone
Roberta DeHaven
815-232-6181

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	4
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	73
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	95	120	95	25	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	120	120	95	120	95	25	120	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	149
Total Discharges 2007	159
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3285	7.5%	19345	56.4%	12045	34675	79.2%	79.2%
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%
TOTALS	3285	7.5%	19345	56.4%	12045	34675	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	10	48	0	0	0	0	0	0	10	48	58
TOTALS	19	76	0	0	0	0	0	0	19	76	95

PROVENA ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	53	0	2	30	1	95
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
TOTALS	9	53	0	2	30	1	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	37.00
Other Health Staff	6.00
Non-Health Staff	40.00
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
11.9%	27.8%	0.0%	5.2%	55.2%	100.0%		0.0%
723,506	1,692,809	0	315,354	3,364,561	6,096,230	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678
Health Service Area 009 Planning Service Area 197

Administrator
Ann Dodge

Contact Person and Telephone
Ann Dodge
815-725-3400

Registered Agent Information

Date Completed
5/2/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	22
Respiratory System	18
Digestive System	8
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	36
Injuries and Poisonings	19
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	176	176	174	176	164	12	176	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	176	176	174	176	164	12	176	128

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	167
Total Admissions 2007	624
Total Discharges 2007	627
Residents on 12/31/2007	164

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17795	27.7%	24009	51.4%	17605	59409	92.5%	92.5%
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	17795	27.7%	24009	51.4%	17605	59409	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
75 to 84	13	40	0	0	0	0	0	0	13	40	53
85+	15	80	0	0	0	0	0	0	15	80	95
TOTALS	37	127	0	0	0	0	0	0	37	127	164

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	64	0	1	38	0	164
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
TOTALS	61	64	0	1	38	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	1	0	0	0	1
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.85
LPN's	16.90
Certified Aides	31.75
Other Health Staff	12.25
Non-Health Staff	58.16
Totals	132.91

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
43.8%	21.5%	0.0%	1.1%	33.6%	100.0%		0.0%
5,220,555	2,563,897	0	125,223	4,002,180	11,911,855	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007660
Health Service Area 003 Planning Service Area 001

Administrator
Annette Whitlock

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	2	0	0	1	2	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007660
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.75
Non-Health Staff	2.00
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%	87.8%	0.0%	0.0%	12.2%	100.0%		0.0%
0	602,456	0	0	83,400	685,856	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Rachuy House
605 North Main Street
Stockton, IL. 61085

Reference Numbers Facility ID 6013528
Health Service Area 001 Planning Service Area 085

Administrator
Colleen Keleher

Contact Person and Telephone
Colleen Keleher
815-777-9525

Date Completed
4/28/2008

Registered Agent Information
Arlan McClain
500 Anchor Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4982	91.0%	0	4982	91.0%	91.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4982	91.0%	0	4982	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Rachuy House
605 North Main Street
Stockton, IL. 61085

Reference Numbers Facility ID 6013528
Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.75
Other Health Staff	0.00
Non-Health Staff	1.25
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%	14.9%	83.8%	0.0%	1.3%	100.0%		0.0%
0	85,866	482,908	0	7,299	576,073	0	

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734
Health Service Area 006 Planning Service Area 603

Administrator
Charlene Hill-Jeon

Contact Person and Telephone
Charlene Hill-Jeon
773-731-7300 x12

Date Completed
4/23/2008

Registered Agent Information

EVANSTON, IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	209
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	209

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	211	211	209	211	209	2	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	209	211	209	2	0	211

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	206
Total Admissions 2007	137
Total Discharges 2007	134
Residents on 12/31/2007	209

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	71171	92.4%	359	71530	92.9%	92.9%
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	0	0.0%	71171	92.4%	359	71530	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	50	23	0	0	0	0	0	0	50	23	73
45 to 59	62	47	0	0	0	0	0	0	62	47	109
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	127	82	0	0	0	0	0	0	127	82	209

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	208	0	0	1	0	209
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
TOTALS	0	208	0	0	1	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	189	0	0	0	189
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	5	0	0	0	5
Total	209	0	0	0	209

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	1.00
LPN's	11.00
Certified Aides	43.00
Other Health Staff	10.00
Non-Health Staff	43.00
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
0.0%	99.4%	0.0%	0.0%	0.6%	100.0%		0.0%
0	7,883,317	0	0	47,450	7,930,767	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694
Health Service Area 005 Planning Service Area 077

Administrator
Karen Shaw

Contact Person and Telephone
Robert S. Buffington
618-457-4423

Date Completed
5/2/2008

Registered Agent Information
J. Lawrence Sanders
209 North Market Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	8	3	11
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	10	4	0	0	10	4	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694
Health Service Area 005 Planning Service Area 077

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		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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%		0.0%
0	545,588	0	0	0	545,588	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID 6007702
Health Service Area 005 Planning Service Area 157

Administrator
Elizabeth A Dilday

Contact Person and Telephone
Elizabeth Dilday
618-443-4351

Date Completed
4/29/2008

Registered Agent Information
Terry Moore
#1 Taylor Street

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	100	100	76	100	64	36	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	100	76	100	64	36	26	100

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	64
Total Admissions 2007	140
Total Discharges 2007	140
Residents on 12/31/2007	64

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4141	43.6%	13612	37.3%	7326	25079	68.7%	68.7%
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	4141	43.6%	13612	37.3%	7326	25079	68.7%	68.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	16	48	0	0	0	0	0	0	16	48	64

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID 6007702
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	11	34	0	0	19	0	64
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
TOTALS	11	34	0	0	19	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	25.00
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
49.0%	34.0%	0.0%	0.0%	17.0%	100.0%		0.0%
2,104,281	1,460,340	0	0	730,151	4,294,772	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Registered Agent Information

Date Completed
5/5/2008

FACILITY OWNERSHIP
IND PROPRIETORSHIP

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5646	96.7%	0	5646	96.7%	96.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5646	96.7%	0	5646	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	4	1	5
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	2	0	0	0	2	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RANDOLPH HOUSE
404 SOUTH FIRST STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID 6007710
Health Service Area 005 Planning Service Area 051

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.25

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%	92.1%	7.9%	0.0%	0.0%	100.0%		0.0%
0	558,860	47,900	0	0	606,760	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6013817
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6013817
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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.13
LPN's	0.00
Certified Aides	6.11
Other Health Staff	0.27
Non-Health Staff	0.87
Totals	7.63

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
0.0%	91.1%	0.0%	0.0%	8.9%	100.0%		0.0%
0	408,134	0	0	39,753	447,887	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RED BUD NURSING HOME
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID 6007751
Health Service Area 005 Planning Service Area 157

Administrator
Barbara Mertz

Contact Person and Telephone
Barbara Mertz
618-282-3891

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	26
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	113	113	113	102	13	20	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	113	113	113	102	13	20	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	104
Total Admissions 2007	77
Total Discharges 2007	79
Residents on 12/31/2007	102

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1413	19.4%	18678	44.5%	17929	38020	90.6%	92.2%
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%
TOTALS	1413	19.4%	18678	44.5%	17929	38020	90.6%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	18	38	0	0	0	0	0	0	18	38	56
TOTALS	33	69	0	0	0	0	0	0	33	69	102

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RED BUD NURSING HOME
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID 6007751
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	6	46	0	0	50	0	102
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
TOTALS	6	46	0	0	50	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	48.00
Other Health Staff	5.00
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
9.6%	42.7%	0.0%	1.1%	46.6%	100.0%		0.0%
411,114	1,820,168	0	44,833	1,984,593	4,260,708	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REGAL HEALTH AND REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6006779
Health Service Area 007 Planning Service Area 705

Administrator
Sandy Williams

Contact Person and Telephone
Sandy Williams
708-636-7000

Date Completed
5/6/2008

Registered Agent Information
Michael Lerner
3553 West Peterson Ave,STE 101

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	7
Developmental Disability	0
Circulatory System	0
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	143	143	90	143	68	75	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	90	143	68	75	54	143

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	97
Total Discharges 2007	110
Residents on 12/31/2007	68

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	555	2.8%	31248	59.9%	519	32322	61.9%	61.9%
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	555	2.8%	31248	59.9%	519	32322	61.9%	61.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	5	0	0	0	0	0	0	17	5	22
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	40	28	0	0	0	0	0	0	40	28	68

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

REGAL HEALTH AND REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6006779
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	66	0	0	0	0	68
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
TOTALS	2	66	0	0	0	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	14.00
Certified Aides	23.00
Other Health Staff	8.00
Non-Health Staff	38.00
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
5.6%	93.1%	0.0%	0.0%	1.4%	100.0%		0.0%
201,936	3,376,806	0	0	49,000	3,627,742	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REGENCY HEALTHCARE & REHAB
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793
Health Service Area 007 Planning Service Area 702

Administrator
Miron Tabic

Contact Person and Telephone
Miron Tabic
847-647-7444

Date Completed
5/4/2008

Registered Agent Information
Ira S Neiman
Regency NC, Inc, 30 N Lasalle st, Suite 2600

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	11
*Nervous System Non Alzheimer	7
Alzheimer Disease	20
Mental Illness	5
Developmental Disability	0
Circulatory System	28
Respiratory System	18
Digestive System	12
Genitourinary System Disorders	10
Skin Disorders	11
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	202

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	300	205	300	202	98	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	205	300	202	98	300	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	190
Total Admissions 2007	632
Total Discharges 2007	620
Residents on 12/31/2007	202

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12218	11.2%	43502	39.7%	16784	72504	66.2%	66.2%
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%
TOTALS	12218	11.2%	43502	39.7%	16784	72504	66.2%	66.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	3	5	8
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	18	19	0	0	0	0	0	0	18	19	37
75 to 84	22	52	0	0	0	0	0	0	22	52	74
85+	12	57	0	0	0	0	0	0	12	57	69
TOTALS	60	142	0	0	0	0	0	0	60	142	202

REGENCY HEALTHCARE & REHAB
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	117	0	0	52	0	202
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
TOTALS	33	117	0	0	52	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	193	0	0	0	193
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	12.00
Certified Aides	82.00
Other Health Staff	34.00
Non-Health Staff	42.00
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
36.2%	39.5%	0.0%	0.0%	24.3%	100.0%		0.0%
4,717,450	5,140,255	0	0	3,159,687	13,017,392	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

Administrator
Maryann Walker

Contact Person and Telephone
Maryann Walker
217-793-4880

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable 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	7
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	19
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	95	95	78	95	73	22	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	3	4	3	1		
TOTAL BEDS	99	99	81	99	76	23	1	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	65
Total Discharges 2007	55
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	25834	25834	74.5%	74.5%
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					745	745	51.0%	51.0%
TOTALS	0	0.0%	0	0.0%	26579	26579	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	16	0	0	0	0	0	2	6	18	24
85+	5	39	0	0	0	0	0	1	5	40	45
TOTALS	15	58	0	0	0	0	0	3	15	61	76

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	73	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	0	0	0	0	76	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	239	139

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	3	75
Race Unknown	0	0	0	0	0
Total	73	0	0	3	76

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	3	76
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	3	76

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	41.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	4,404,055	4,404,055	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REHAB & CARE CTR - JACKSON CO.
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
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	2
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	178	178	178	178	125	53	54	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	178	178	178	178	125	53	54	202

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	138
Total Admissions 2007	175
Total Discharges 2007	188
Residents on 12/31/2007	125

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5570	28.3%	25748	34.9%	15486	46804	72.0%	72.0%
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	5570	28.3%	25748	34.9%	15486	46804	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	24	101	0	0	0	0	0	0	24	101	125

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6004816
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	69	0	0	41	0	125
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
TOTALS	15	69	0	0	41	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	94
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	16.00
Certified Aides	52.00
Other Health Staff	7.00
Non-Health Staff	55.00
Totals	144.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.0%	53.6%	3.9%	0.0%	19.4%	100.0%		0.0%
1,923,471	4,481,126	325,358	0	1,622,766	8,352,722	0	

FACILITY NOTES

Bed Change	9/19/2007	Discontinued 24 nursing care beds; facility total now 178 nursing care beds.

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
Juli Foy

Contact Person and Telephone
Juli Foy
773 434 8787

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	16
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	45
Mental Illness	1
Developmental Disability	1
Circulatory System	56
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	8
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	207

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	210	210	208	210	207	3	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	208	210	207	3	210	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	199
Total Admissions 2007	168
Total Discharges 2007	160
Residents on 12/31/2007	207

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11573	15.1%	56786	77.8%	2247	70606	92.1%	92.1%
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%
TOTALS	11573	15.1%	56786	77.8%	2247	70606	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	18	0	0	0	0	0	0	6	18	24
75 to 84	24	63	0	0	0	0	0	0	24	63	87
85+	14	72	0	0	0	0	0	0	14	72	86
TOTALS	49	158	0	0	0	0	0	0	49	158	207

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RENAISSANCE AT 87TH STREET
2940 WEST 87TH STREET
CHICAGO, IL. 60652

Reference Numbers Facility ID 6014831
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	162	0	1	11	0	207
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
TOTALS	33	162	0	1	11	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	201	0	0	0	201
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.30
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	29.00
Certified Aides	65.00
Other Health Staff	14.00
Non-Health Staff	33.50
Totals	150.30

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
37.2%	54.5%	0.0%	0.0%	8.3%	100.0%		0.0%
5,193,446	7,603,531	0	0	1,162,829	13,959,808	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Renaissance at Midway
4437 South Cicero
CHICAGO, IL. 60632

Reference Numbers Facility ID 6014641
Health Service Area 006 Planning Service Area 603

Administrator
Margo Martinez

Contact Person and Telephone
Margo Martinez
773-884-0484

Date Completed
5/2/2008

Registered Agent Information
Abraham J. Stern, Esq
10 South Wacker Drive

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	33
Endocrine/Metabolic	67
Blood Disorders	9
*Nervous System Non Alzheimer	1
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	226

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	249	247	242	247	226	23	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	247	242	247	226	23	249	249

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	230
Total Admissions 2007	477
Total Discharges 2007	481
Residents on 12/31/2007	226

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8739	9.6%	62491	68.8%	3731	74961	82.5%	83.1%
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%
TOTALS	8739	9.6%	62491	68.8%	3731	74961	82.5%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	15	0	0	0	0	0	0	17	15	32
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	43	64	0	0	0	0	0	0	43	64	107
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	96	130	0	0	0	0	0	0	96	130	226

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Renaissance at Midway
4437 South Cicero
CHICAGO, IL. 60632

Reference Numbers Facility ID 6014641
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	195	0	1	8	0	226
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
TOTALS	22	195	0	1	8	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	156	0	0	0	156
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	226	0	0	0	226

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	39	0	0	0	39
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	226	0	0	0	226

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	48.00
Certified Aides	108.00
Other Health Staff	21.00
Non-Health Staff	73.00
Totals	260.20

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
27.6%	65.9%	0.0%	0.0%	6.5%	100.0%		0.0%
3,999,405	9,537,280	0	302	946,334	14,483,324	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Dave Schechter

Contact Person and Telephone
Brent Fitzgerald
773-721-5000

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	10
Endocrine/Metabolic	0
Blood Disorders	75
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	67
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	225

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	248	248	244	248	225	23	244	244
Skilled Under 22	0	0	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	244	248	225	23	244	244

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	224
Total Admissions 2007	314
Total Discharges 2007	313
Residents on 12/31/2007	225

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13661	15.3%	63544	71.3%	8918	86123	95.1%	95.1%
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%
TOTALS	13661	15.3%	63544	71.3%	8918	86123	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	8	0	0	0	0	0	0	9	8	17
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	24	54	0	0	0	0	0	0	24	54	78
85+	25	61	0	0	0	0	0	0	25	61	86
TOTALS	76	149	0	0	0	0	0	0	76	149	225

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RENAISSANCE AT SOUTH SHORE
2425 EAST 71ST STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014823
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	169	11	2	5	0	225
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
TOTALS	38	169	11	2	5	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	219	0	0	0	219
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	225	0	0	0	225

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	223	0	0	0	223
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	43.00
Certified Aides	96.00
Other Health Staff	15.00
Non-Health Staff	42.00
Totals	207.00

NET REVENUE BY PAYOR 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%	54.8%	0.0%	0.0%	7.9%	100.0%		0.0%
5,919,019	8,724,664	0	0	1,264,101	15,907,785	0	

FACILITY NOTES

Bed Change	2/23/2007	Added 2 Nursing Care beds; facility now has 248 Nursing Care beds.

Renaissance Care Center
1675 East Ash Street
CANTON, IL. 61520

Reference Numbers Facility ID 6006712
Health Service Area 002 Planning Service Area 057

Administrator
Tina Batterton

Contact Person and Telephone
Tina Batterton
309-647-5631

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	103	63	103	60	60	132	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	120	103	63	103	60	60	132	132

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	30
Total Discharges 2007	32
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1580	3.3%	17330	36.0%	2190	21100	48.2%	56.1%
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%
TOTALS	1580	3.3%	17330	36.0%	2190	21100	48.2%	56.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	2	19	0	0	0	0	0	0	2	19	21
TOTALS	18	42	0	0	0	0	0	0	18	42	60

Renaissance Care Center
1675 East Ash Street
CANTON, IL. 61520

Reference Numbers Facility ID 6006712
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	45	0	1	6	0	60
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
TOTALS	8	45	0	1	6	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	4.00
Non-Health Staff	24.00
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
8.8%	86.8%	0.2%	0.0%	4.2%	100.0%		0.0%
545,670	5,382,627	10,019	0	261,106	6,199,422	0	

FACILITY NOTES

Bed change	9/20/2007	Discontinued 12 Nursing Care beds; facility now authorized for 120 Nursing Care beds.

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
Tina Batterton

Contact Person and Telephone
Tina Batterton
309-647-5631

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	60
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	70	70	60	70	60	10		50
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	60	70	60	10	0	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	4
Total Discharges 2007	1
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			21405	117.3%	0	21405	83.8%	83.8%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	21405	117.3%	0	21405	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL 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	9	0	0	0	0	6	9	15
18 to 44	0	0	20	24	0	0	0	0	20	24	44
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	26	34	0	0	0	0	26	34	60

Renaissance Care Center-DD
1675 East Ash Street
CANTON, IL. 61520

Reference Numbers Facility ID 6016083
Health Service Area 002 Planning Service Area 057

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	60	0	0	0	0	60
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	60	0	0	0	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	189	189
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	28	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	31	0	0	31
Race Unknown	0	0	0	0	0
Total	0	60	0	0	60

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	57	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	0	60	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	4.00
Non-Health Staff	17.00
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
8.8%	86.8%	0.2%	0.0%	4.2%	100.0%		0.0%
545,670	5,382,627	10,019	0	261,106	6,199,422	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

Registered Agent Information

Date Completed
5/2/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	2	1	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	9	0	0	7	9	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	130	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
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	2.00
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%	84.8%	15.2%	0.0%	0.0%	100.0%		0.0%
0	562,528	100,750	0	0	663,278	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REST HAVEN CENTRAL
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843
Health Service Area 007 Planning Service Area 705

Administrator
Carol Shaw-Burns

Contact Person and Telephone
Carol Shaw-Burns
708-239-4919

Date Completed
7/17/2008

Registered Agent Information

18601 N. Creek Drive
Tinley Park, IL 60477

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	28
Mental Illness	4
Developmental Disability	3
Circulatory System	25
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	67
TOTALS	178

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	193	193	178	193	178	15	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	193	193	178	193	178	15	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	176
Total Admissions 2007	167
Total Discharges 2007	165
Residents on 12/31/2007	178

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	22379	0.0%	27402	0.0%	13479	63260	89.8%	89.8%
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	22379	0.0%	27402	0.0%	13479	63260	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	13	44	0	0	0	0	0	0	13	44	57
85+	21	74	0	0	0	0	0	0	21	74	95
TOTALS	41	137	0	0	0	0	0	0	41	137	178

REST HAVEN CENTRAL
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	32	39	8	38	0	178
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
TOTALS	61	32	39	8	38	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	0	0	0	0	0
Total	178	0	0	0	178

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	178	0	0	0	178

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	17.00
Certified Aides	72.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	155.00

NET REVENUE BY PAYOR 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%	19.8%	0.3%	5.1%	17.3%	100.0%		0.0%
8,829,577	3,043,737	44,160	776,808	2,663,338	15,357,623	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
618-445-2815

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
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	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	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	37	35	37	34	15	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	37	35	37	34	15	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	33
Total Admissions 2007	14
Total Discharges 2007	13
Residents on 12/31/2007	34

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	4068	22.7%	7040	11108	62.1%	82.3%
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%
TOTALS	0	0.0%	4068	22.7%	7040	11108	62.1%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	7	27	0	0	0	0	0	0	7	27	34

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REST HAVEN MANOR
120 WEST MAIN
ALBION, IL. 62806

Reference Numbers Facility ID 6007850
Health Service Area 005 Planning Service Area 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	12	0	0	22	0	34
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
TOTALS	0	12	0	0	22	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	1.00
Non-Health Staff	13.00
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%	32.9%	0.0%	0.0%	67.1%	100.0%		0.0%
0	312,558	0	0	637,919	950,478	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REST HAVEN SOUTH
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6007868
Health Service Area 007 Planning Service Area 705

Administrator
Nancy VanDrunen

Contact Person and Telephone
Danette Boros
708-596-5500

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	1
Circulatory System	50
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	151

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	171	170	162	170	151	20	171	20
Skilled Under 22	0	0	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	170	162	170	151	20	171	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	147
Total Admissions 2007	496
Total Discharges 2007	492
Residents on 12/31/2007	151

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19966	32.0%	20683	283.3%	15877	56526	90.6%	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%
TOTALS	19966	32.0%	20683	283.3%	15877	56526	90.6%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	5	34	0	0	0	0	0	0	5	34	39
85+	18	78	0	0	0	0	0	0	18	78	96
TOTALS	31	120	0	0	0	0	0	0	31	120	151

REST HAVEN SOUTH
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6007868
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	59	55	0	0	37	0	151
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
TOTALS	59	55	0	0	37	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	205
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.00
Certified Aides	57.00
Other Health Staff	21.00
Non-Health Staff	36.00
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
62.5%	15.7%	0.0%	0.0%	21.8%	100.0%		0.0%
9,063,656	2,278,105	0	0	3,163,052	14,504,813	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REST HAVEN WEST
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

Date Completed
5/1/2008

Registered Agent Information
John R. Russell
18601 North Creek Drive Suite A

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	21
Mental Illness	4
Developmental Disability	1
Circulatory System	5
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	79
TOTALS	197

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	141	136	141	118	27	145	145
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	96	91	79	91	79	17		
TOTAL BEDS	241	232	215	232	197	44	145	145

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	203
Total Admissions 2007	611
Total Discharges 2007	617
Residents on 12/31/2007	197

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15377	29.1%	16732	31.6%	14578	46687	88.2%	90.7%
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					26748	26748	76.3%	80.5%
TOTALS	15377	29.1%	16732	31.6%	41326	73435	83.5%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	1	3	4
60 to 64	0	2	0	0	0	0	0	2	0	4	4
65 to 74	1	8	0	0	0	0	1	0	2	8	10
75 to 84	11	26	0	0	0	0	3	17	14	43	57
85+	11	55	0	0	0	0	13	42	24	97	121
TOTALS	25	93	0	0	0	0	17	62	42	155	197

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

REST HAVEN WEST
3450 SARATOGA AVENUE
DOWNERS GROVE, IL. 60515

Reference Numbers Facility ID 6007876
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	46	0	4	34	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	79	0	79
TOTALS	34	46	0	4	113	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	69	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	117	0	0	79	196
Race Unknown	0	0	0	0	0
Total	118	0	0	79	197

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	79	195
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	79	197

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	47.00
Other Health Staff	58.00
Non-Health Staff	0.00
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
49.3%	16.8%	0.0%	24.5%	9.5%	100.0%		1.0%
800,360	272,204	0	397,670	154,124	1,624,358	16,652	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RESTHAVE HOME - WHITESIDE CO
408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884
Health Service Area 001 Planning Service Area 195

Administrator
James A. Huber

Contact Person and Telephone
Eva Dykstra
815-772-4021

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	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	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	48	1	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	25	22	22	22	20	5		
TOTAL BEDS	74	71	71	71	68	6	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	21
Total Discharges 2007	20
Residents on 12/31/2007	68

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	7770	43.4%	9766	17536	98.0%	98.0%
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					7187	7187	78.8%	89.5%
TOTALS	0	0.0%	7770	43.4%	16953	24723	91.5%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	3	3	8	11
85+	5	34	0	0	0	0	5	12	10	46	56
TOTALS	8	40	0	0	0	0	5	15	13	55	68

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RESTHAVE HOME - WHITESIDE CO
408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	22	0	0	26	0	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	0	22	0	0	46	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	73	73

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	20	68
Race Unknown	0	0	0	0	0
Total	48	0	0	20	68

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	20	68
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	20	68

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	27.00
Other Health Staff	8.00
Non-Health Staff	24.00
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%	15.0%	0.0%	0.0%	85.0%	100.0%		0.0%
0	363,546	0	0	2,066,951	2,430,497	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Nancy Razo

Registered Agent Information

Date Completed
4/10/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	7
Mental Illness	18
Developmental Disability	0
Circulatory System	21
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	25
Injuries and Poisonings	3
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	137	137	135	137	135	2	83	117
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	25	0		
TOTAL BEDS	162	162	160	162	160	2	83	117

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	159
Total Admissions 2007	224
Total Discharges 2007	223
Residents on 12/31/2007	160

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7204	23.8%	21826	51.1%	18984	48014	96.0%	96.0%
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					9125	9125	100.0%	100.0%
TOTALS	7204	23.8%	21826	51.1%	28109	57139	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	19	0	0	0	0	0	7	10	26	36
85+	15	88	0	0	0	0	2	16	17	104	121
TOTALS	26	109	0	0	0	0	2	23	28	132	160

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Resurrection Life Center
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	65	0	0	55	0	135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	15	65	0	0	80	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	154	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	24	158
Race Unknown	0	0	0	0	0
Total	135	0	0	25	160

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	135	0	0	25	160
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	25	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.76
LPN's	7.00
Certified Aides	49.45
Other Health Staff	11.77
Non-Health Staff	30.40
Totals	119.38

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
24.1%	25.3%	0.0%	0.0%	50.6%	100.0%		0.0%
2,604,115	2,734,151	0	0	5,464,677	10,802,943	0	

FACILITY NOTES

Bed Change	5/30/2007	Discontinued 7 Sheltered Care beds and added 7 Nursing Care beds; facility now authorized for 137 Nursing Care beds and 25 Sheltered Care b

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
Anthony Madl

Contact Person and Telephone
Anthony Madl
847-692-5600

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	21
Mental Illness	6
Developmental Disability	0
Circulatory System	131
Respiratory System	35
Digestive System	0
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	246

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	291	278	291	246	52	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	291	278	291	246	52	298	298

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	256
Total Admissions 2007	1203
Total Discharges 2007	1213
Residents on 12/31/2007	246

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	24670	22.7%	44486	40.9%	25483	94639	87.0%	89.1%
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%
TOTALS	24670	22.7%	44486	40.9%	25483	94639	87.0%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	6	2	8
65 to 74	8	17	0	0	0	0	0	0	8	17	25
75 to 84	22	49	0	0	0	0	0	0	22	49	71
85+	22	112	0	0	0	0	0	0	22	112	134
TOTALS	62	184	0	0	0	0	0	0	62	184	246

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	116	6	7	62	3	246
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
TOTALS	52	116	6	7	62	3	246

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	240	0	0	0	240
Race Unknown	0	0	0	0	0
Total	246	0	0	0	246

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	242	0	0	0	242
Ethnicity Unknown	0	0	0	0	0
Total	246	0	0	0	246

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	46.00
LPN's	3.00
Certified Aides	101.00
Other Health Staff	21.00
Non-Health Staff	77.00
Totals	250.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
51.1%	24.1%	24.9%	0.0%	0.0%	100.0%		0.0%
10,159,634	4,785,838	4,945,279	0	0	19,890,751	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RICE HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6013247
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.20
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	6.16
Other Health Staff	2.10
Non-Health Staff	0.15
Totals	8.76

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	660,951	79,567	0	1,932	742,450	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Reference Numbers Facility ID 6006910
Health Service Area 005 Planning Service Area 159

Administrator
Robb Shipley

Contact Person and Telephone
Robb Shipley
618-395-7421

Date Completed
5/19/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	8
Developmental Disability	4
Circulatory System	28
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	118	118	85	0	74	44	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	85	0	74	44	118	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	59
Total Discharges 2007	65
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3492	8.1%	18913	43.9%	5932	28337	65.8%	65.8%
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	3492	8.1%	18913	43.9%	5932	28337	65.8%	65.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	6	0	0	0	0	0	0	5	6	11
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	14	7	0	0	0	0	0	0	14	7	21
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	31	43	0	0	0	0	0	0	31	43	74

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Reference Numbers Facility ID 6006910
Health Service Area 005 Planning Service Area 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	52	0	0	14	0	74
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
TOTALS	8	52	0	0	14	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	30.00
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
45.4%	38.4%	0.0%	0.0%	16.2%	100.0%		0.0%
1,717,962	1,451,644	0	0	613,235	3,782,842	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Trena Briscoe

Contact Person and Telephone
Trena Briscoe
618-395-2437

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5763	98.7%	0	5763	98.7%	98.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5763	98.7%	0	5763	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	2	2	4
60 to 64	0	0	0	0	1	3	0	0	1	3	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	8	8	0	0	8	8	16

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	130	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	5.75
Other Health Staff	2.50
Non-Health Staff	3.75
Totals	12.75

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%	85.8%	14.2%	0.0%	0.0%	100.0%		0.0%
0	519,500	85,632	0	0	605,132	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Reference Numbers Facility ID 6010581
Health Service Area 005 Planning Service Area 159

Administrator
Dave Allen

Contact Person and Telephone
Georgia Vaupel, RN Nurse Manager
618-395-2131 ext. 4336

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
TOWNSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	34	34	31	34	23	11	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	31	34	23	11	14	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	29
Total Admissions 2007	236
Total Discharges 2007	242
Residents on 12/31/2007	23

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2910	56.9%	0	0.0%	6599	9509	76.6%	76.6%
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%
TOTALS	2910	56.9%	0	0.0%	6599	9509	76.6%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	3	20	0	0	0	0	0	0	3	20	23

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Reference Numbers Facility ID 6010581
Health Service Area 005 Planning Service Area 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	17	0	23
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
TOTALS	6	0	0	0	17	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	1.50
Certified Aides	11.60
Other Health Staff	0.00
Non-Health Staff	3.80
Totals	25.40

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Steve Bennett
(813) 232-8729

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	7	3	10
45 to 59	0	0	0	0	2	1	0	0	2	1	3
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	1	0	0	0	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010847
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.62
Non-Health Staff	1.11
Totals	8.28

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%	85.6%	0.0%	0.0%	14.4%	100.0%		0.0%
0	618,056	0	0	103,610	721,667	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIDGELAND NRSG & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007934
Health Service Area 007 Planning Service Area 705

Administrator
Daniel Elkaim

Contact Person and Telephone
Daniel Elkaim
708-597-9300

Date Completed
4/29/2008

Registered Agent Information
David Aronin
2201 Main Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	100	101	97	4	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	100	101	97	4	101	101

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	110
Total Discharges 2007	109
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5982	16.2%	19437	52.7%	8605	34024	92.3%	92.3%
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%
TOTALS	5982	16.2%	19437	52.7%	8605	34024	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	3	8	11
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	5	43	0	0	0	0	0	0	5	43	48
TOTALS	22	75	0	0	0	0	0	0	22	75	97

RIDGELAND NRSG & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007934
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	60	0	2	15	0	97
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
TOTALS	20	60	0	2	15	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

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	18.00
Other Health Staff	4.00
Non-Health Staff	31.00
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
33.1%	43.1%	0.0%	1.8%	22.0%	100.0%		0.0%
1,798,196	2,342,725	0	97,898	1,198,731	5,437,550	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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, MHA/LNHA

Contact Person and Telephone
Sarah Griesemer
618-592-4228

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
IND PROPRIETORSHIP

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	10
Blood Disorders	9
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	6
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	50	50	46	50	44	6	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	50	50	46	50	44	6	0	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	35
Total Admissions 2007	57
Total Discharges 2007	48
Residents on 12/31/2007	44

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1585	0.0%	6534	25.6%	5940	14059	77.0%	77.0%
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	1585	0.0%	6534	25.6%	5940	14059	77.0%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	10	34	0	0	0	0	0	0	10	34	44

RIDGEVIEW CARE CENTER
413 RIDGE LANE
OBLONG, IL. 62449

Reference Numbers Facility ID 6007942
Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	20	0	2	14	0	44
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
TOTALS	8	20	0	2	14	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	4.50
Certified Aides	18.50
Other Health Staff	1.00
Non-Health Staff	22.00
Totals	50.50

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
24.9%	26.3%	0.0%	0.0%	48.8%	100.0%		0.0%
374,395	394,497	0	0	733,537	1,502,430	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Ridgeview Rehab & Nursing Center
6450 North Ridge Avenue
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453
Health Service Area 006 Planning Service Area 601

Administrator
Shimon Webster

Contact Person and Telephone
Shimon Webster
773-743-8700

Date Completed
5/4/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	18
Blood Disorders	4
*Nervous System Non Alzheimer	11
Alzheimer Disease	10
Mental Illness	34
Developmental Disability	0
Circulatory System	13
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	136	135	136	126	10	56	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	135	136	126	10	56	136

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	126
Total Admissions 2007	314
Total Discharges 2007	314
Residents on 12/31/2007	126

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2079	10.2%	44091	88.8%	0	46170	93.0%	93.0%
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	2079	10.2%	44091	88.8%	0	46170	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	8	5	13
45 to 59	28	16	0	0	0	0	0	0	28	16	44
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	21	12	0	0	0	0	0	0	21	12	33
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	6	3	0	0	0	0	0	0	6	3	9
TOTALS	78	48	0	0	0	0	0	0	78	48	126

Ridgeview Rehab & Nursing Center
6450 North Ridge Avenue
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	117	1	0	0	0	126
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
TOTALS	8	117	1	0	0	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	53	0	0	0	53
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	6.00
Non-Health Staff	49.00
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
16.2%	82.9%	0.1%	0.0%	0.8%	100.0%		0.0%
959,477	4,905,713	3,780	0	46,585	5,915,555	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Ridgway Manor
900 West Race Street
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975
Health Service Area 005 Planning Service Area 059

Administrator
Stephanie Wise

Contact Person and Telephone
Erin Hines
618-272-8831

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	4
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	71	65	45	65	42	29	0	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	65	45	65	42	29	0	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	37
Total Admissions 2007	31
Total Discharges 2007	26
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1774	0.0%	9943	38.4%	2428	14145	54.6%	59.6%
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%
TOTALS	1774	0.0%	9943	38.4%	2428	14145	54.6%	59.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	3	0	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	19	23	0	0	0	0	0	0	19	23	42

Ridgway Manor
900 West Race Street
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	25	0	0	10	0	42
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
TOTALS	7	25	0	0	10	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	84	74
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
36.0%	52.1%	0.0%	0.0%	12.0%	100.0%		0.0%
564,091	816,237	0	0	187,496	1,567,824	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Phyllis Schwebke, LNHA

Contact Person and Telephone
Phyllis Schwebke
815-877-8061

Date Completed
4/28/2008

Registered Agent Information
Scott H. Christiansen, Chairman, Winneb
404 Elm St.

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	78
Mental Illness	8
Developmental Disability	0
Circulatory System	70
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	304	296	253	296	232	72	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	296	253	296	232	72	76	304

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	251
Total Admissions 2007	108
Total Discharges 2007	127
Residents on 12/31/2007	232

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1980	7.1%	77441	69.8%	8121	87542	78.9%	81.0%
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	1980	7.1%	77441	69.8%	8121	87542	78.9%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	4	0	0	0	0	0	0	2	4	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	20	48	0	0	0	0	0	0	20	48	68
85+	21	102	0	0	0	0	0	0	21	102	123
TOTALS	58	174	0	0	0	0	0	0	58	174	232

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RIVER BLUFF NURSING HOME
4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	191	0	0	36	0	232
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
TOTALS	5	191	0	0	36	0	232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	202
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	205	0	0	0	205
Race Unknown	1	0	0	0	1
Total	232	0	0	0	232

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	25.00
Certified Aides	114.00
Other Health Staff	8.00
Non-Health Staff	107.00
Totals	279.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.6%	80.2%	0.0%	0.0%	15.2%	100.0%		0.0%
832,705	14,516,238	0	0	2,759,995	18,108,938	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER BLUFFS OF CAHOKIA NSG.
3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6007983
Health Service Area 011 Planning Service Area 163

Administrator
Kenya Washington

Contact Person and Telephone
Kenya Washington
618-337-9823

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	26
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	36
Developmental Disability	3
Circulatory System	7
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	130	128	115	128	108	22	29	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	128	115	128	108	22	29	130

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	92
Total Discharges 2007	90
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2092	19.8%	34208	72.1%	649	36949	77.9%	79.1%
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%
TOTALS	2092	19.8%	34208	72.1%	649	36949	77.9%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	9	5	14
45 to 59	17	10	0	0	0	0	0	0	17	10	27
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	54	54	0	0	0	0	0	0	54	54	108

RIVER BLUFFS OF CAHOKIA NSG.
3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6007983
Health Service Area 011 Planning Service Area 163

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	95	2	0	2	0	108
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
TOTALS	9	95	2	0	2	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

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	31.00
Other Health Staff	7.00
Non-Health Staff	25.00
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
19.7%	77.4%	1.2%	0.0%	1.7%	100.0%		0.0%
744,419	2,922,926	45,324	0	64,540	3,777,209	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Victor Pitts
(815) 933-2700

Date Completed
5/10/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	0	4	0	0	0	4	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	229
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.00
Certified Aides	4.01
Other Health Staff	0.25
Non-Health Staff	0.64
Totals	5.27

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
0.0%	91.3%	0.0%	0.0%	8.7%	100.0%		0.0%
0	308,731	0	0	29,563	338,294	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER OAKS
121 DIVISION STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6010375
Health Service Area 005 Planning Service Area 047

Administrator
David Roberts

Contact Person and Telephone
DIANN BLACK
618-262-8614

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4994	85.5%	0	4994	85.5%	85.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4994	85.5%	0	4994	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	1	3	4
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER OAKS
121 DIVISION STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6010375
Health Service Area 005 Planning Service Area 047

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		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	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.50
LPN's	1.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	0.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	550,363	0	0	0	550,363	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER PARK HEALTH CARE CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008130
Health Service Area 010 Planning Service Area 161

Administrator
Dawn May

Contact Person and Telephone
Dawn May
309-788-0458

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	0
Circulatory System	36
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	177	177	149	177	122	55	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	149	177	122	55	177	177

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	143
Total Admissions 2007	117
Total Discharges 2007	138
Residents on 12/31/2007	122

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3785	5.9%	42466	65.7%	3622	49873	77.2%	77.2%
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%
TOTALS	3785	5.9%	42466	65.7%	3622	49873	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	2	5	7
45 to 59	15	12	0	0	0	0	0	0	15	12	27
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	12	17	0	0	0	0	0	0	12	17	29
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	51	71	0	0	0	0	0	0	51	71	122

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER PARK HEALTH CARE CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008130
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	107	0	0	6	0	122
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
TOTALS	9	107	0	0	6	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	5	0	0	0	5
Total	122	0	0	0	122

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	2.00
Non-Health Staff	32.00
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
16.2%	65.3%	1.9%	1.3%	15.4%	100.0%		0.0%
870,768	3,520,539	100,518	70,038	828,705	5,390,568	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVER SHORE REHAB & NURSING CTR
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015
Health Service Area 002 Planning Service Area 099

Administrator
Odelia Underwood

Contact Person and Telephone
Laurie Forth
815-795-5121

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	22
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	103	95	91	95	86	17	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	95	91	95	86	17	103	102

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	139
Total Discharges 2007	132
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5025	13.4%	18300	49.2%	7627	30952	82.3%	89.3%
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%
TOTALS	5025	13.4%	18300	49.2%	7627	30952	82.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	4	38	0	0	0	0	0	0	4	38	42
TOTALS	20	66	0	0	0	0	0	0	20	66	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

RIVER SHORE REHAB & NURSING CTR
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	49	0	0	21	0	86
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
TOTALS	16	49	0	0	21	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	27.00
Non-Health Staff	0.00
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
38.7%	38.8%	0.0%	2.1%	20.3%	100.0%		0.0%
1,212,097	1,217,236	0	66,543	637,481	3,133,357	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023
Health Service Area 008 Planning Service Area 097

Administrator
Pete Mule

Contact Person and Telephone
Terri Drewniak
847-634-3973

Date Completed
4/30/2008

Registered Agent Information
Pete Mule
14588 W. Hwy 22

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	96
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	97	97	96	97	96	1		97
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	96	97	96	1	0	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	6
Total Discharges 2007	7
Residents on 12/31/2007	96

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			35040	99.0%	0	35040	99.0%	99.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	35040	99.0%	0	35040	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	19	0	0	14	19	33
45 to 59	0	0	0	0	20	24	0	0	20	24	44
60 to 64	0	0	0	0	7	5	0	0	7	5	12
65 to 74	0	0	0	0	5	2	0	0	5	2	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	0	0	0	0	46	50	0	0	46	50	96

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		96	0	0	0	0	96
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	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	83	0	83
Race Unknown	0	0	0	0	0
Total	0	0	96	0	96

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	96	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	38.00
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%	83.4%	1.9%	0.0%	14.7%	100.0%		0.0%
0	3,725,752	85,221	0	657,933	4,468,906	0	

RIVERVIEW - A SR LVG COMMUNITY
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056
Health Service Area 002 Planning Service Area 179

Administrator
Candy L. White

Contact Person and Telephone
Candy White
309-694-9865

Date Completed
4/24/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	10
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	67	67	62	65	57	10	67	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	67	67	62	65	57	10	67	2

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	398
Total Discharges 2007	403
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10558	43.2%	0	0.0%	11172	21730	88.9%	88.9%
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	10558	43.2%	0	0.0%	11172	21730	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	4	0	0	0	0	0	0	2	4	6
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	21	36	0	0	0	0	0	0	21	36	57

RIVERVIEW - A SR LVG COMMUNITY
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056
Health Service Area 002 Planning Service Area 179

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	7	16	0	57
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
TOTALS	34	0	0	7	16	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	16.00
Non-Health Staff	26.00
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
50.8%	0.0%	0.0%	23.4%	25.8%	100.0%		0.0%
3,388,206	17	0	1,561,129	1,724,246	6,673,598	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Riviera Manor
490 West 16th Place
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064
Health Service Area 007 Planning Service Area 705

Administrator
Catherine Ashton

Contact Person and Telephone
Catherine Ashton
708-481-4444

Date Completed
6/24/2008

Registered Agent Information
Abra Gutnicki
8320 Skokie Blvd.
Skokie, IL 60676

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	85
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	160	137	160	130	70	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	160	137	160	130	70	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	93
Total Discharges 2007	99
Residents on 12/31/2007	130

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	44055	0.0%	2475	46530	63.7%	79.7%
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	0	0.0%	44055	0.0%	2475	46530	63.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	9	0	0	0	0	0	0	23	9	32
45 to 59	50	16	0	0	0	0	0	0	50	16	66
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	11	3	0	0	0	0	0	0	11	3	14
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	96	34	0	0	0	0	0	0	96	34	130

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Riviera Manor
490 West 16th Place
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	129	0	0	1	0	130
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
TOTALS	0	129	0	0	1	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	75	0	0	0	75
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	17.00
Certified Aides	27.00
Other Health Staff	31.00
Non-Health Staff	41.00
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%	99.2%	0.0%	0.0%	0.8%	100.0%		0.2%
0	4,067,150	0	0	32,850	4,100,000	10,000	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROBING'S MANOR REHAB & HEALTH CR
502 NORTH MAIN
BRIGHTON, IL. 62012

Reference Numbers Facility ID 6008072
Health Service Area 003 Planning Service Area 117

Administrator
Sheila Hagen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	6
Developmental Disability	2
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	7
TOTALS	67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	67	8	25	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	67	8	25	75

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	64
Total Discharges 2007	64
Residents on 12/31/2007	67

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1935	21.2%	18252	66.7%	4819	25006	91.3%	91.3%
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%
TOTALS	1935	21.2%	18252	66.7%	4819	25006	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	2	3	5
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	2	26	0	0	0	0	0	0	2	26	28
TOTALS	15	52	0	0	0	0	0	0	15	52	67

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROBING'S MANOR REHAB & HEALTH CR
502 NORTH MAIN
BRIGHTON, IL. 62012

Reference Numbers Facility ID 6008072
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	48	0	0	15	0	67
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
TOTALS	4	48	0	0	15	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	0.00
Non-Health Staff	25.00
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
24.0%	52.1%	0.0%	0.0%	24.0%	100.0%		0.0%
728,489	1,582,771	0	0	729,028	3,040,288	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098
Health Service Area 001 Planning Service Area 141

Administrator
Judith Wright

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	1
Circulatory System	6
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	74	60	38	41	33	41	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	60	38	41	33	41	0	74

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	33
Total Admissions 2007	25
Total Discharges 2007	25
Residents on 12/31/2007	33

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8440	31.2%	4638	13078	48.4%	59.7%
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	0	0.0%	8440	31.2%	4638	13078	48.4%	59.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	7	0	0	0	0	0	0	7	7	14
85+	0	12	0	0	0	0	0	0	0	12	12
TOTALS	11	22	0	0	0	0	0	0	11	22	33

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	21	0	0	12	0	33
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
TOTALS	0	21	0	0	12	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	4.00
Non-Health Staff	10.00
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%	66.7%	0.0%	0.0%	33.3%	100.0%		0.0%
0	719,875	0	0	358,829	1,078,704	0	

FACILITY NOTES

Name Change	3/12/2007	Name changed from East Rochelle Nursing & Rehabilitation.

ROCHELLE REHAB & HEALTH CARE CENTER
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106
Health Service Area 001 Planning Service Area 141

Administrator
Jean Conner

Contact Person and Telephone
Marikay Snyde
309-691-8113

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	21
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	5
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	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	MEDICAID CERTIFIED
Nursing Care	50	50	44	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	44	50	33	17	50	50

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	27
Total Admissions 2007	93
Total Discharges 2007	87
Residents on 12/31/2007	33

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2822	15.5%	5169	28.3%	4626	12617	69.1%	69.1%
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%
TOTALS	2822	15.5%	5169	28.3%	4626	12617	69.1%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	11	22	0	0	0	0	0	0	11	22	33

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROCHELLE REHAB & HEALTH CARE CENTER
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	12	0	0	12	0	33
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
TOTALS	9	12	0	0	12	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
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
46.8%	27.1%	0.0%	0.0%	26.1%	100.0%		0.0%
764,262	443,395	0	0	426,981	1,634,638	0	

FACILITY NOTES

Name Change	3/12/2007	Name changed from West Rochelle Nursing & Rehabilitation.

ROCK FALLS REHABILITATION & HEALTH CARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6008114
Health Service Area 001 Planning Service Area 195

Administrator
Carolyn McBride

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/2/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	57	50	50	50	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	50	50	50	42	15	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	40
Total Admissions 2007	53
Total Discharges 2007	51
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12563	60.4%	2972	15535	74.7%	85.1%
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%
TOTALS	0	0.0%	12563	60.4%	2972	15535	74.7%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	3	4	7
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	12	30	0	0	0	0	0	0	12	30	42

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROCK FALLS REHABILITATION & HEALTH CARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6008114
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	34	0	0	8	0	42
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
TOTALS	0	34	0	0	8	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	5.00
Non-Health Staff	9.00
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%	67.1%	0.0%	0.0%	32.9%	100.0%		0.0%
0	1,085,953	0	0	532,322	1,618,275	0	

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	4	0	0	0	4	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	0	6	0	0	0	6	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	182
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

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
0.0%	88.7%	0.0%	0.0%	11.3%	100.0%		0.0%
0	362,305	0	0	46,322	408,627	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROLLING HILLS MANOR NSG HOME
3615 16TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6008163
Health Service Area 008 Planning Service Area 097

Administrator
Carolyn Lofland

Contact Person and Telephone
Carolyn Lofland
847-746-8382

Date Completed
5/1/2008

Registered Agent Information
JAMES S. STEFO, JR.
3521 16TH STREET
ZION, IL 60099

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	11
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	38
Mental Illness	2
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	127	124	123	124	119	8	127	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	127	124	123	124	119	8	127	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	119
Total Admissions 2007	480
Total Discharges 2007	480
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11372	24.5%	18059	50.0%	12500	41931	90.5%	92.6%
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%
TOTALS	11372	24.5%	18059	50.0%	12500	41931	90.5%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	7	29	0	0	0	0	0	0	7	29	36
85+	12	64	0	0	0	0	0	0	12	64	76
TOTALS	22	97	0	0	0	0	0	0	22	97	119

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROLLING HILLS MANOR NSG HOME
3615 16TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6008163
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	46	0	0	37	0	119
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
TOTALS	36	46	0	0	37	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.73
LPN's	10.81
Certified Aides	53.23
Other Health Staff	12.14
Non-Health Staff	50.87
Totals	145.78

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
54.8%	19.4%	0.0%	0.0%	25.8%	100.0%		0.1%
4,931,215	1,745,310	0	0	2,318,937	8,995,462	9,656	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
708-458-3040

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	11
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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	29	2		
TOTAL BEDS	60	60	60	60	58	2	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	13
Total Discharges 2007	12
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	10585	10585	100.0%	100.0%
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					10585	10585	93.5%	93.5%
TOTALS	0	0.0%	0	0.0%	21170	21170	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	10	10
85+	0	22	0	0	0	0	0	26	0	48	48
TOTALS	0	29	0	0	0	0	0	29	0	58	58

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSARY HILL HOME
9000 WEST 81ST STREET
JUSTICE, IL. 60458

Reference Numbers Facility ID 6008247
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	29	0	29
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	0	0	0	0	58	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	70	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	63	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	29	58
Race Unknown	0	0	0	0	0
Total	29	0	0	29	58

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	29	58
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	29	58

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	10.00
Other Health Staff	8.00
Non-Health Staff	5.00
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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		2.5%
0	0	0	0	1,567,619	1,567,619	38,983	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Beverly Sorensen
773-545-8300

Date Completed
3/25/2008

Registered Agent Information
Sr. Rita Butler
4200 N. Austin Ave

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	80
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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	80	0		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	80	80	0	0	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			28774	98.5%	0	28774	98.5%	98.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	28774	98.5%	0	28774	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	59	0	0	0	59	59
45 to 59	0	0	0	0	0	21	0	0	0	21	21
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	80	0	0	0	80	80

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSE ANGELA HALL
4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID 6011530
Health Service Area 006 Planning Service Area 601

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		80	0	0	0	0	80
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	0	0	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	62	0	62
Race Unknown	0	0	1	0	1
Total	0	0	80	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	1	0	1
Total	0	0	80	0	80

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	3.50
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	18.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	3,675,181	0	0	0	3,675,181	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSE GARDEN CONVALESCENT CTR
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6004147
Health Service Area 002 Planning Service Area 143

Administrator
Lorene Foust

Contact Person and Telephone
Lorene Foust
309-685-1545

Registered Agent Information

Date Completed
5/6/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	28
Blood Disorders	5
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	106	110	92	18	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	106	110	92	18	24	110

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	117
Total Discharges 2007	106
Residents on 12/31/2007	92

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2952	33.7%	27173	67.7%	2884	33009	82.2%	82.2%
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%
TOTALS	2952	33.7%	27173	67.7%	2884	33009	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	19	7	0	0	0	0	0	0	19	7	26
60 to 64	2	8	0	0	0	0	0	0	2	8	10
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	44	48	0	0	0	0	0	0	44	48	92

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSE GARDEN CONVALESCENT CTR
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6004147
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	78	0	0	7	0	92
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
TOTALS	7	78	0	0	7	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	5.00
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
22.7%	70.2%	0.0%	0.0%	7.1%	100.0%		0.0%
921,326	2,850,833	0	0	288,806	4,060,965	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254
Health Service Area 010 Planning Service Area 161

Administrator
Regina Mason

Contact Person and Telephone
Regina Mason
309-796-2949

Date Completed
5/1/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5747	98.4%	0	5747	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5747	98.4%	0	5747	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	1	0	0	4	1	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	1	0	0	0	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.22
Other Health Staff	0.74
Non-Health Staff	2.15
Totals	9.36

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
0.0%	83.3%	0.0%	0.0%	16.7%	100.0%		0.0%
0	596,366	0	0	119,821	716,187	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Roseville Country Manor
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
Ethel Logue
309-426-2134

Date Completed
5/12/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	1
Circulatory System	18
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	6
TOTALS	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	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	61
Total Admissions 2007	100
Total Discharges 2007	95
Residents on 12/31/2007	66

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3260	9.0%	12778	35.4%	6506	22544	62.4%	62.4%
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%
TOTALS	3260	9.0%	12778	35.4%	6506	22544	62.4%	62.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	17	49	0	0	0	0	0	0	17	49	66

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Roseville Country Manor
145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Reference Numbers Facility ID 6005136
Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	38	0	0	22	0	66
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
TOTALS	6	38	0	0	22	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
42.9%	29.2%	0.0%	0.5%	27.3%	100.0%		0.0%
1,585,095	1,079,258	0	18,230	1,008,370	3,690,953	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CENTER
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
314/994-9070x3025

Date Completed
4/22/2008

Registered Agent Information
Dan Maher
412 E. Lawrence

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	27
Mental Illness	1
Developmental Disability	0
Circulatory System	41
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	99	21	48	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	120	120	120	120	99	21	48	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	573
Total Discharges 2007	575
Residents on 12/31/2007	99

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12550	71.6%	3201	87.7%	21911	37662	86.0%	86.0%
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	12550	71.6%	3201	87.7%	21911	37662	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	2	11	13
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	16	33	0	0	0	0	0	0	16	33	49
TOTALS	27	72	0	0	0	0	0	0	27	72	99

ROSEWOOD CARE CENTER
100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6010391
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	8	0	6	56	0	99
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
TOTALS	29	8	0	6	56	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	45.00
Other Health Staff	8.00
Non-Health Staff	38.00
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
55.7%	3.5%	0.0%	2.5%	38.4%	100.0%		0.0%
4,661,702	292,328	0	205,977	3,210,807	8,370,814	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CENTER
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
314-994-9070x3025

Date Completed
4/22/2008

Registered Agent Information
Dan Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	19
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	103	120	89	31	58	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	120	120	103	120	89	31	58	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	491
Total Discharges 2007	493
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13743	64.9%	3335	91.4%	15714	32792	74.9%	74.9%
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	13743	64.9%	3335	91.4%	15714	32792	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	12	0	0	0	0	0	0	2	12	14
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	18	71	0	0	0	0	0	0	18	71	89

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CENTER
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers Facility ID 6012835
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	10	0	5	35	0	89
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
TOTALS	39	10	0	5	35	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	15.00
Non-Health Staff	33.00
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
59.8%	3.8%	0.0%	3.9%	32.5%	100.0%		0.0%
5,490,348	349,480	0	355,953	2,980,358	9,176,139	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CENTER 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, ext 3025

Date Completed
4/29/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Mental Illness	0
Developmental Disability	0
Circulatory System	90
Respiratory System	7
Digestive System	4
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	122	142	103	39	58	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	142	142	122	142	103	39	58	24

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	796
Total Discharges 2007	790
Residents on 12/31/2007	103

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11115	52.5%	5388	61.5%	20168	36671	70.8%	70.8%
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	11115	52.5%	5388	61.5%	20168	36671	70.8%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
75 to 84	16	22	0	0	0	0	0	0	16	22	38
85+	12	46	0	0	0	0	0	0	12	46	58
TOTALS	28	75	0	0	0	0	0	0	28	75	103

ROSEWOOD CARE CENTER INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633
Health Service Area 007 Planning Service Area 701

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	18	0	2	53	0	103
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
TOTALS	30	18	0	2	53	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	6.00
Certified Aides	37.00
Other Health Staff	30.50
Non-Health Staff	5.00
Totals	96.75

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
48.5%	5.7%	0.0%	1.3%	44.5%	100.0%		0.0%
4,166,282	487,150	0	108,961	3,824,872	8,587,265	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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, ext. 9025

Date Completed
4/29/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	0
Circulatory System	33
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	114

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	135	124	135	114	25	42	41
Skilled Under 22	0	0	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	135	124	135	114	25	42	41

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	120
Total Admissions 2007	470
Total Discharges 2007	476
Residents on 12/31/2007	114

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10087	65.8%	12117	81.0%	22121	44325	87.4%	90.0%
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	10087	65.8%	12117	81.0%	22121	44325	87.4%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	9	60	0	0	0	0	0	0	9	60	69
TOTALS	24	90	0	0	0	0	0	0	24	90	114

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6014237
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	26	28	0	2	58	0	114
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
TOTALS	26	28	0	2	58	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

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	64.00
Other Health Staff	10.00
Non-Health Staff	45.00
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
44.2%	17.4%	0.0%	1.1%	37.3%	100.0%		0.0%
3,811,739	1,499,210	0	98,487	3,215,474	8,624,910	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center at Elgin".

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
314-994-9070x3025

Date Completed
4/23/2008

Registered Agent Information
Dan Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	90	120	74	46	58	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	120	120	90	120	74	46	58	36

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	500
Total Discharges 2007	499
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8201	38.7%	12053	91.7%	7901	28155	64.3%	64.3%
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%
TOTALS	8201	38.7%	12053	91.7%	7901	28155	64.3%	64.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	14	0	0	0	0	0	0	10	14	24
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	19	55	0	0	0	0	0	0	19	55	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	28	0	2	28	0	74
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
TOTALS	16	28	0	2	28	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	17.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	39.00
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
52.3%	22.5%	0.0%	8.5%	16.7%	100.0%		0.0%
2,906,919	1,248,467	0	474,089	924,820	5,554,295	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center - Rockford".

ROSEWOOD CARE CENTER-EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401
Health Service Area 011 Planning Service Area 119

Administrator
Sara Arbogast

Contact Person and Telephone
Jan Poelker
314/994-9070 ext. 3025

Date Completed
4/25/2008

Registered Agent Information
Daniel L. Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	27
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	14
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	101	120	91	29	58	20
Skilled Under 22	0	0	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	91	29	58	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	454
Total Discharges 2007	437
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10170	48.0%	3757	51.5%	14465	28392	64.8%	64.8%
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	10170	48.0%	3757	51.5%	14465	28392	64.8%	64.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	4	8	12
75 to 84	4	25	0	0	0	0	0	0	4	25	29
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	18	73	0	0	0	0	0	0	18	73	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CENTER-EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401
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	30	17	0	5	39	0	91
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
TOTALS	30	17	0	5	39	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	19.00
Certified Aides	41.00
Other Health Staff	8.00
Non-Health Staff	30.00
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
59.1%	5.1%	0.0%	0.7%	35.1%	100.0%		0.0%
3,938,550	340,160	0	48,937	2,335,803	6,663,450	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CTR OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074
Health Service Area 011 Planning Service Area 119

Administrator
Wolfgang Volz

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/28/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	1
Circulatory System	27
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	14
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	21
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	105

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	116	180	105	75	48	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	180	180	116	180	105	75	48	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	103
Total Admissions 2007	542
Total Discharges 2007	540
Residents on 12/31/2007	105

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9936	56.7%	5557	50.7%	20824	36317	55.3%	55.3%
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%
TOTALS	9936	56.7%	5557	50.7%	20824	36317	55.3%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	2	5	0	0	0	0	0	0	2	5	7
75 to 84	11	30	0	0	0	0	0	0	11	30	41
85+	7	46	0	0	0	0	0	0	7	46	53
TOTALS	23	82	0	0	0	0	0	0	23	82	105

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074
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	30	17	0	2	56	0	105
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
TOTALS	30	17	0	2	56	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	5.00
Non-Health Staff	24.00
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
46.4%	6.5%	0.0%	1.4%	45.8%	100.0%		0.0%
3,478,738	485,156	0	103,833	3,430,637	7,498,364	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center - Alton".

ROSEWOOD CARE CTR OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587
Health Service Area 010 Planning Service Area 161

Administrator
Kathy Seeforth

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/28/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	1
Circulatory System	28
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	94	26	58	20
Skilled Under 22	0	0	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	94	26	58	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	498
Total Discharges 2007	476
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10266	48.5%	3215	44.0%	14062	27543	62.9%	62.9%
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	10266	48.5%	3215	44.0%	14062	27543	62.9%	62.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	13	25	0	0	0	0	0	0	13	25	38
TOTALS	31	63	0	0	0	0	0	0	31	63	94

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	16	0	1	42	0	94
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
TOTALS	35	16	0	1	42	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	5	0	0	0	5
Total	94	0	0	0	94

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	46.00
Other Health Staff	0.00
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
55.4%	4.3%	0.0%	6.3%	34.1%	100.0%		0.0%
3,638,149	279,572	0	412,835	2,241,685	6,572,241	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center - Moline".

ROSEWOOD CARE CTR OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6012165
Health Service Area 002 Planning Service Area 143

Administrator
Laura Arbuckle

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/28/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	18
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	85	120	73	47	58	20
Skilled Under 22	0	0	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	85	120	73	47	58	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	352
Total Discharges 2007	356
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10372	49.0%	2461	33.7%	12250	25083	57.3%	57.3%
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%
TOTALS	10372	49.0%	2461	33.7%	12250	25083	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	22	51	0	0	0	0	0	0	22	51	73

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6012165
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	11	0	4	30	0	73
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
TOTALS	28	11	0	4	30	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	73	0	0	0	73
Total	73	0	0	0	73

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	41.00
Other Health Staff	6.00
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
57.0%	3.7%	0.0%	2.4%	36.8%	100.0%		0.0%
3,531,633	230,986	0	151,092	2,279,540	6,193,251	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center - Peoria".

ROSEWOOD CARE CTR ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

Administrator
Harry Poole

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/29/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	50
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	83	109	76	33	38	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	109	109	83	109	76	33	38	10

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	378
Total Discharges 2007	385
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6290	45.3%	6918	189.5%	14389	27597	69.4%	69.4%
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%
TOTALS	6290	45.3%	6918	189.5%	14389	27597	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	4	41	0	0	0	0	0	0	4	41	45
TOTALS	12	64	0	0	0	0	0	0	12	64	76

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

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	16	0	0	46	0	76
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
TOTALS	14	16	0	0	46	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	39.00
Other Health Staff	4.00
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
42.2%	11.0%	0.0%	2.7%	44.0%	100.0%		0.0%
2,567,513	669,187	0	164,669	2,677,490	6,078,859	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CTR-EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6012017
Health Service Area 002 Planning Service Area 179

Administrator
Lisa Tippy

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/28/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	2
Circulatory System	0
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	78

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	96	120	78	42	36	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	96	120	78	42	36	40

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	226
Total Discharges 2007	239
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5241	39.9%	12202	83.6%	12041	29484	67.3%	67.3%
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%
TOTALS	5241	39.9%	12202	83.6%	12041	29484	67.3%	67.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	10	19	0	0	0	0	0	0	10	19	29
TOTALS	21	57	0	0	0	0	0	0	21	57	78

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR-EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6012017
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	35	1	1	29	0	78
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
TOTALS	12	35	1	1	29	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	9.00
Non-Health Staff	42.00
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
38.1%	24.7%	0.0%	2.7%	34.4%	100.0%		0.0%
2,281,691	1,479,740	0	164,499	2,062,545	5,988,475	0	

FACILITY NOTES

Name Change	12/1/2007	Name changed from "Rosewood Care Center".

ROSEWOOD CARE CTR-GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466
Health Service Area 002 Planning Service Area 095

Administrator
Julie Schmidgall

Contact Person and Telephone
Jan Poelker
314-994-9070, ext. 3025

Date Completed
4/30/2008

Registered Agent Information
Daniel Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	180	180	93	180	93	87	32	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	180	180	93	180	93	87	32	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	157
Total Discharges 2007	159
Residents on 12/31/2007	93

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3797	32.5%	22967	66.9%	7090	33854	51.5%	51.5%
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	3797	32.5%	22967	66.9%	7090	33854	51.5%	51.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	2	18	0	0	0	0	0	0	2	18	20
75 to 84	21	33	0	0	0	0	0	0	21	33	54
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	30	63	0	0	0	0	0	0	30	63	93

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSEWOOD CARE CTR-GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	62	0	1	23	0	93
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
TOTALS	7	62	0	1	23	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	57.00
Other Health Staff	8.00
Non-Health Staff	43.00
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
29.5%	43.3%	0.0%	0.8%	26.4%	100.0%		0.0%
1,452,023	2,125,771	0	39,900	1,297,023	4,914,717	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSEWOOD CARE CTR-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, ext. 3025

Date Completed
4/28/2008

Registered Agent Information
Daniel L. Maher
412 E. Lawrence

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	63
Mental Illness	3
Developmental Disability	1
Circulatory System	0
Respiratory System	6
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	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	MEDICAID CERTIFIED
Nursing Care	147	147	119	147	119	28	30	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	147	147	119	147	119	28	30	112

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	198
Total Discharges 2007	171
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2074	18.9%	29120	71.2%	4762	35956	67.0%	67.0%
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	2074	18.9%	29120	71.2%	4762	35956	67.0%	67.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	11	69	0	0	0	0	0	0	11	69	80
TOTALS	18	101	0	0	0	0	0	0	18	101	119

ROSEWOOD CARE CTR-NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6019723
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	68	0	0	39	0	119
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
TOTALS	12	68	0	0	39	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

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	39.00
Other Health Staff	6.00
Non-Health Staff	36.00
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
17.4%	63.9%	0.0%	1.2%	17.4%	100.0%		0.0%
901,493	3,306,048	0	61,908	900,991	5,170,440	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROSICLARE REHABILITATION AND HEALTH CAR
P.O. BOX 220
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6003065
Health Service Area 005 Planning Service Area 069

Administrator
Lucinda Spivey

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	4
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	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	38
Total Discharges 2007	45
Residents on 12/31/2007	45

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2894	12.8%	10853	48.0%	3009	16756	74.0%	74.0%
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	2894	12.8%	10853	48.0%	3009	16756	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	0	0	0	0	0	0	2	1	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	11	34	0	0	0	0	0	0	11	34	45

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROSICLARE REHABILITATION AND HEALTH CAR
P.O. BOX 220
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6003065
Health Service Area 005 Planning Service Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	28	0	0	9	0	45
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
TOTALS	8	28	0	0	9	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	94
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	10.00
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
54.2%	36.2%	0.0%	0.0%	9.6%	100.0%		0.0%
1,614,910	1,079,885	0	0	285,943	2,980,738	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Victor Pitts
(815) 939-3680

Date Completed
5/10/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	0	2	0	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	2	4	0	0	2	4	6

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.15
Registered Nurses	0.00
LPN's	0.00
Certified Aides	6.51
Other Health Staff	0.39
Non-Health Staff	1.01
Totals	8.31

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
0.0%	95.2%	0.0%	0.0%	4.8%	100.0%		0.0%
0	319,067	0	0	16,194	335,261	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Royal Living Center Inc.
200 South 9th Street
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6008296
Health Service Area 011 Planning Service Area 027

Administrator

Contact Person and Telephone
DOLORES J. KREBS
618-588-7295

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5742	98.3%	0	5742	98.3%	98.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5742	98.3%	0	5742	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	4	6	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	8	8	0	0	8	8	16

Royal Living Center Inc.
200 South 9th Street
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6008296
Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	3.00
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%	84.9%	0.0%	0.0%	15.1%	100.0%		0.0%
0	507,505	0	0	89,931	597,436	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	62
Developmental Disability	8
Circulatory System	4
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	5
TOTALS	134

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	134	200	134	66	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	134	200	134	66	200	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	132
Total Admissions 2007	97
Total Discharges 2007	95
Residents on 12/31/2007	134

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1766	2.4%	36860	50.5%	7949	46575	63.8%	63.8%
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	1766	2.4%	36860	50.5%	7949	46575	63.8%	63.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	16	8	0	0	0	0	0	0	16	8	24
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	61	73	0	0	0	0	0	0	61	73	134

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	113	0	0	18	0	134
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
TOTALS	3	113	0	0	18	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	2	0	0	0	2
Total	134	0	0	0	134

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

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	54.00
Other Health Staff	8.00
Non-Health Staff	28.00
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
12.2%	70.2%	0.0%	0.0%	17.6%	100.0%		0.0%
583,731	3,358,773	0	0	840,345	4,782,849	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320
Health Service Area 006 Planning Service Area 602

Administrator
Mardelle Gibbs

Contact Person and Telephone
Michelle Melendoz
773 277-6868

Date Completed
5/19/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	140
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	140

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	172	172	154	172	140	32	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	154	172	140	32	0	172

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	146
Total Admissions 2007	114
Total Discharges 2007	120
Residents on 12/31/2007	140

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	54044	86.1%	31	54075	86.1%	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%
TOTALS	0	0.0%	54044	86.1%	31	54075	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	21	10	0	0	0	0	0	0	21	10	31
45 to 59	57	29	0	0	0	0	0	0	57	29	86
60 to 64	10	0	0	0	0	0	0	0	10	0	10
65 to 74	7	0	0	0	0	0	0	0	7	0	7
75 to 84	4	0	0	0	0	0	0	0	4	0	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	100	40	0	0	0	0	0	0	100	40	140

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	139	0	0	1	0	140
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
TOTALS	0	139	0	0	1	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

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	30.00
Other Health Staff	8.00
Non-Health Staff	66.00
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%	99.7%	0.0%	0.0%	0.3%	100.0%		0.0%
0	4,697,263	0	0	12,498	4,709,761	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SAINT CLARE HOME
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420
Health Service Area 002 Planning Service Area 143

Administrator
Kelly McGrath

Contact Person and Telephone
Kelly McGrath
309-682-5428

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	94	94	90	94	72	22	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	2	4	2	2		
TOTAL BEDS	98	98	92	98	74	24	94	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	153
Total Discharges 2007	169
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3320	9.7%	15363	44.8%	10987	29670	86.5%	86.5%
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					492	492	33.7%	33.7%
TOTALS	3320	9.7%	15363	44.8%	11479	30162	84.3%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	6	10	0	0	0	0	1	0	7	10	17
85+	6	39	0	0	0	0	0	1	6	40	46
TOTALS	15	57	0	0	0	0	1	1	16	58	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SAINT CLARE HOME
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	36	0	9	22	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	5	36	0	9	24	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	82

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	2	74
Race Unknown	0	0	0	0	0
Total	72	0	0	2	74

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	2	2
Total	72	0	0	2	74

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	27.20
Other Health Staff	2.40
Non-Health Staff	29.60
Totals	74.20

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
35.8%	26.9%	0.0%	37.3%	0.0%	100.0%		0.0%
1,784,186	1,343,860	0	1,861,706	0	4,989,752	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Salem Village Nursing & Rehab
1314 Rowell Avenue
JOLIET, IL. 60433

Reference Numbers Facility ID 6008338
Health Service Area 009 Planning Service Area 197

Administrator
Kelly Hooper

Contact Person and Telephone
Kelly Hooper, RN
815-727-5451

Date Completed
5/7/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	15
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	30
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	2
Circulatory System	53
Respiratory System	29
Digestive System	4
Genitourinary System Disorders	19
Skin Disorders	7
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	206

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	266	266	224	266	205	61	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	1	6	1	5		
TOTAL BEDS	272	272	225	272	206	66	230	266

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	222
Total Admissions 2007	449
Total Discharges 2007	465
Residents on 12/31/2007	206

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15483	18.4%	39762	41.0%	20671	75916	78.2%	78.2%
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%
TOTALS	15483	18.4%	39762	41.0%	20671	75916	76.5%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	8	0	0	0	0	0	0	6	8	14
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	15	25	0	0	0	0	1	0	16	25	41
75 to 84	22	45	0	0	0	0	0	0	22	45	67
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	60	145	0	0	0	0	1	0	61	145	206

Salem Village Nursing & Rehab
1314 Rowell Avenue
JOLIET, IL. 60433

Reference Numbers Facility ID 6008338
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	112	0	3	48	0	205
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
TOTALS	42	112	0	3	49	0	206

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	104	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	1	177
Race Unknown	0	0	0	0	0
Total	205	0	0	1	206

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	197	0	0	1	198
Ethnicity Unknown	0	0	0	0	0
Total	205	0	0	1	206

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	23.00
Certified Aides	70.00
Other Health Staff	0.00
Non-Health Staff	98.00
Totals	212.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.1%	37.5%	2.0%	8.2%	12.1%	100.0%		0.0%
5,441,390	5,084,022	277,052	1,114,717	1,642,588	13,559,769	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SALINE CARE CENTER
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6008346
Health Service Area 005 Planning Service Area 059

Administrator
Roxann Keasler

Contact Person and Telephone
Roxann Keasler
618-252-7405

Registered Agent Information

Date Completed
4/25/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	17
Mental Illness	56
Developmental Disability	3
Circulatory System	18
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	142	142	126	142	119	23	0	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	126	142	119	23	0	142

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	121
Total Admissions 2007	39
Total Discharges 2007	41
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	37683	72.7%	5698	43381	83.7%	83.7%
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	0	0.0%	37683	72.7%	5698	43381	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	9	0	0	0	0	0	0	2	9	11
65 to 74	12	19	0	0	0	0	0	0	12	19	31
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	33	86	0	0	0	0	0	0	33	86	119

SALINE CARE CENTER
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6008346
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	103	0	0	16	0	119
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
TOTALS	0	103	0	0	16	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	88	83
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	35.00
Other Health Staff	1.00
Non-Health Staff	47.00
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
0.0%	53.9%	0.0%	0.0%	46.1%	100.0%		0.0%
0	940,320	0	0	803,658	1,743,978	0	

Sandwich Rehab & Healthcare Center
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213
Health Service Area 001 Planning Service Area 037

Administrator
Kathleen Henertz

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	63	60	41	60	35	28	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	60	41	60	35	28	0	63

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	36
Total Admissions 2007	31
Total Discharges 2007	32
Residents on 12/31/2007	35

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	7969	34.7%	5561	13530	58.8%	61.8%
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	0	0.0%	7969	34.7%	5561	13530	58.8%	61.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	16	19	0	0	0	0	0	0	16	19	35

Sandwich Rehab & Healthcare Center
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213
Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	23	0	0	12	0	35
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
TOTALS	0	23	0	0	12	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	19.00
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%	44.7%	0.0%	0.0%	55.3%	100.0%		0.0%
0	766,480	0	0	948,987	1,715,467	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SANGAMON CARE CENTER
2800 WEST LAWRENCE AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6008791
Health Service Area 003 Planning Service Area 167

Administrator
Susan Barbian

Contact Person and Telephone
Susan Barbian
(815) 258-6165

Date Completed
6/6/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	170	100	100	100	80	90	36	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	170	100	100	100	80	90	36	170

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	93
Total Admissions 2007	173
Total Discharges 2007	186
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3322	25.3%	26026	41.9%	3764	33112	53.4%	90.7%
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	3322	25.3%	26026	41.9%	3764	33112	53.4%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	18	28	0	0	0	0	0	0	18	28	46
TOTALS	28	52	0	0	0	0	0	0	28	52	80

SANGAMON CARE CENTER
2800 WEST LAWRENCE AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6008791
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	70	0	3	6	0	80
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
TOTALS	1	70	0	3	6	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.20
LPN's	8.10
Certified Aides	21.70
Other Health Staff	2.80
Non-Health Staff	25.00
Totals	61.80

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
31.1%	54.7%	0.0%	4.5%	9.7%	100.0%		0.0%
1,331,277	2,343,776	0	192,005	415,552	4,282,610	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SARAH BUSH LINCOLN HLTH CTR
1000 HEALTH CENTER DRIVE
MATTOON, IL. 61938

Reference Numbers Facility ID 6013064
Health Service Area 004 Planning Service Area 029

Administrator
Sandy Miller

Contact Person and Telephone
Sandy Miller
217-258-2279

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

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	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	15	13	13	13	5	10	23	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	15	13	13	13	5	10	23	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	7
Total Admissions 2007	278
Total Discharges 2007	280
Residents on 12/31/2007	5

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2082	24.8%	0	0.0%	182	2264	41.4%	47.7%
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	2082	24.8%	0	0.0%	182	2264	41.4%	47.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	1	4	0	0	0	0	0	0	1	4	5

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SARAH BUSH LINCOLN HLTH CTR
1000 HEALTH CENTER DRIVE
MATTOON, IL. 61938

Reference Numbers Facility ID 6013064
Health Service Area 004 Planning Service Area 029

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	0	0	5
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
TOTALS	5	0	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	440	440
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.20
LPN's	1.80
Certified Aides	0.70
Other Health Staff	0.10
Non-Health Staff	0.00
Totals	10.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SARAH CULBERTSON MEMORIAL HOSP
238 SOUTH CONGRESS
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6011076
Health Service Area 003 Planning Service Area 009

Administrator
David Sniff

Contact Person and Telephone
Lisa Adams
217-322-4321, ext. 256

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	26	26	26	23	7	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	30	26	26	26	23	7	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	26
Total Admissions 2007	33
Total Discharges 2007	36
Residents on 12/31/2007	23

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	2747	2747	25.1%	28.9%
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	0	0.0%	0	0.0%	2747	2747	25.1%	28.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	5	18	0	0	0	0	0	0	5	18	23

SARAH CULBERTSON MEMORIAL HOSP
238 SOUTH CONGRESS
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6011076
Health Service Area 003 Planning Service Area 009

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	23	0	23
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
TOTALS	0	0	0	0	23	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	4.00
Certified Aides	8.00
Other Health Staff	1.00
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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231
Health Service Area 004 Planning Service Area 183

Administrator
Jennifer Allsopp

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/28/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5637	96.5%	0	5637	96.5%	96.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5637	96.5%	0	5637	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	3	5	8
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	6	10	0	0	6	10	16

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.70
Other Health Staff	0.87
Non-Health Staff	2.50
Totals	4.32

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%	88.7%	0.0%	0.0%	11.3%	100.0%		0.0%
0	558,574	0	0	71,306	629,880	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SCHWAB REHABILITATION HOSP
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001
Health Service Area 006 Planning Service Area 602

Administrator
David Rahija

Contact Person and Telephone
Robert Humrickhouse
773-522-2510

Date Completed
6/24/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY 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	2
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	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	MEDICAID CERTIFIED
Nursing Care	30	22	22	22	15	15	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	30	22	22	22	15	15	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8
Total Admissions 2007	404
Total Discharges 2007	397
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3872	0.0%	0	0.0%	1314	5186	47.4%	64.6%
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%
TOTALS	3872	0.0%	0	0.0%	1314	5186	47.4%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	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	2	0	0	0	0	0	0	0	2	2
TOTALS	5	10	0	0	0	0	0	0	5	10	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SCHWAB REHABILITATION HOSP
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001
Health Service Area 006 Planning Service Area 602

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	4	0	0	15
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
TOTALS	11	0	0	4	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	320
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	15	0	0	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	0	15

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	4.00
Other Health Staff	5.50
Non-Health Staff	0.00
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
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
1	0	0	0	0	1	0	

SCOTT COUNTY NURSING CENTER
650 North Main
WINCHESTER, IL. 62694

Reference Numbers Facility ID 6008395
Health Service Area 003 Planning Service Area 137

Administrator
Rubi Hoots

Contact Person and Telephone
Rubi Hoots
217-742-3101

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	1
Circulatory System	13
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	49	49	48	49	47	2	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	49	49	48	49	47	2	0	57

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	47
Total Admissions 2007	31
Total Discharges 2007	31
Residents on 12/31/2007	47

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1278	0.0%	8744	42.0%	5299	15321	85.7%	85.7%
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	1278	0.0%	8744	42.0%	5299	15321	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	3	24	0	0	0	0	0	0	3	24	27
TOTALS	10	37	0	0	0	0	0	0	10	37	47

SCOTT COUNTY NURSING CENTER
650 North Main
WINCHESTER, IL. 62694

Reference Numbers Facility ID 6008395
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	4	21	0	0	22	0	47
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
TOTALS	4	21	0	0	22	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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
9.7%	55.4%	0.0%	0.0%	34.9%	100.0%		0.0%
231,441	1,315,280	0	0	828,556	2,375,277	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SCOTTISH OLD PEOPLES 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
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	24
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	36	36	36	36	35	1	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	38	49	34	15		
TOTAL BEDS	85	85	74	85	69	16	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	26
Total Discharges 2007	27
Residents on 12/31/2007	69

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	12767	12767	97.2%	97.2%
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					12755	12755	71.3%	71.3%
TOTALS	0	0.0%	0	0.0%	25522	25522	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	6	0	0	0	0	5	9	7	15	22
85+	4	20	0	0	0	0	4	16	8	36	44
TOTALS	7	28	0	0	0	0	9	25	16	53	69

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SCOTTISH OLD PEOPLES HOME
28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Reference Numbers Facility ID 6008403
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	28	7	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	33	1	34
TOTALS	0	0	0	0	61	8	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	141	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	34	69
Race Unknown	0	0	0	0	0
Total	35	0	0	34	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	34	69
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	34	69

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	28.00
Other Health Staff	0.00
Non-Health Staff	45.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		10.0%
0	0	0	0	3,819,561	3,819,561	380,137	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SEABORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862
Health Service Area 001 Planning Service Area 201

Administrator
Dan Kennedy

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SEABORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.18
LPN's	0.00
Certified Aides	5.86
Other Health Staff	0.71
Non-Health Staff	1.71
Totals	8.71

NET REVENUE BY PAYOR SOURCE (Fiscal 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%		0.0%
0	603,624	0	0	99,715	703,339	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411
Health Service Area 001 Planning Service Area 201

Administrator
Bill Grahn

Contact Person and Telephone
Bill Grahn
815-633-9921

Date Completed
4/3/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	200	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	0.50
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%	77.3%	8.3%	0.0%	14.4%	100.0%		0.0%
0	444,579	47,757	0	82,843	575,179	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SEGUIN RCA HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Reference Numbers Facility ID 6008429
Health Service Area 007 Planning Service Area 704

Administrator
William Bockstahler

Contact Person and Telephone
Bill Bockstahler
708-524-6701

Date Completed
3/26/2008

Registered Agent Information
Robert Atkinson
411 Chicago Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5812	99.5%	0	5812	99.5%	99.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5812	99.5%	0	5812	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	9	2	0	0	9	2	11
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	11	4	0	0	11	4	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SEGUIN RCA HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Reference Numbers Facility ID 6008429
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	150	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	11.00
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%	84.0%	0.0%	16.0%	100.0%		0.0%
0	0	750,966	0	143,030	893,996	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/1/2008

Registered Agent Information
Austin Hirsch
10 S. Wacker Dr.; 40th floor

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	65	65	63	2	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	63	2	30	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	59
Total Discharges 2007	58
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3282	30.0%	4579	19.3%	14517	22378	94.3%	94.3%
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%
TOTALS	3282	30.0%	4579	19.3%	14517	22378	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	3	10	13
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	10	53	0	0	0	0	0	0	10	53	63

SELFHELP HOME OF CHICAGO
908 WEST ARGYLE STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008460
Health Service Area 006 Planning Service Area 601

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	9	0	0	47	0	63
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
TOTALS	7	9	0	0	47	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	182
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	6.00
Non-Health Staff	26.00
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
27.5%	7.3%	0.0%	0.0%	65.2%	100.0%		0.0%
1,153,429	305,127	0	0	2,737,641	4,196,197	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/10/2008

Registered Agent Information
J. Michael Bibo
285 South Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	22
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	14
Digestive System	12
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	121	104	121	104	17	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	104	121	104	17	121	105

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	322
Total Discharges 2007	300
Residents on 12/31/2007	104

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6715	15.2%	9866	25.7%	17320	33901	76.8%	76.8%
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	6715	15.2%	9866	25.7%	17320	33901	76.8%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	30	0	0	0	0	0	0	5	30	35
85+	12	47	0	0	0	0	0	0	12	47	59
TOTALS	22	82	0	0	0	0	0	0	22	82	104

SEMINARY MANOR
2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010250
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	33	0	8	45	0	104
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
TOTALS	18	33	0	8	45	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	28.00
Non-Health Staff	30.00
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
47.4%	13.6%	0.0%	0.0%	39.0%	100.0%		0.0%
2,702,002	778,186	0	0	2,222,009	5,702,198	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Severin Intermediate Care Home
902 South Mcleansboro
BENTON, IL. 62812

Reference Numbers Facility ID 6008494
Health Service Area 005 Planning Service Area 055

Administrator
Paul D. Leffler

Contact Person and Telephone
Diane Leffler
618-439-4501

Date Completed
4/24/2008

Registered Agent Information
Roger D. Herrin
607 S. Commercial St.

FACILITY OWNERSHIP
IND PROPRIETORSHIP

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	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	3
Alzheimer Disease	35
Mental Illness	4
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	97	72	62	72	57	40	0	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	72	62	72	57	40	0	97

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	58
Total Admissions 2007	42
Total Discharges 2007	43
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	12047	34.0%	9056	21103	59.6%	80.3%
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%
TOTALS	0	0.0%	12047	34.0%	9056	21103	59.6%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	3	6	9
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	12	45	0	0	0	0	0	0	12	45	57

Severin Intermediate Care Home
902 South Mcleansboro
BENTON, IL. 62812

Reference Numbers Facility ID 6008494
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	31	0	0	26	0	57
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
TOTALS	0	31	0	0	26	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	83
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	7.00
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
0.0%	85.1%	0.0%	0.0%	14.9%	100.0%		0.0%
0	2,773,815	0	0	485,007	3,258,822	0	

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014203
Health Service Area 008 Planning Service Area 097

Administrator
Desiree Mathews-Plonowski

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	5
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	5

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1825	83.3%	0	1825	83.3%	83.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	3	0	0	2	3	5

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014203
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	199
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	2.20
Other Health Staff	0.11
Non-Health Staff	0.48
Totals	3.04

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	0.0%	0.0%	9.3%	100.0%		0.0%
0	336,091	0	0	34,564	370,655	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHABBONA NURSING HOME
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502
Health Service Area 001 Planning Service Area 037

Administrator
Eileen Gates

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/30/2008

Registered Agent Information
Sheldon Wolfe
7434 Skokie Blvd

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	91	91	78	91	73	18	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	78	91	73	18	91	91

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	70
Total Discharges 2007	63
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2665	8.0%	15718	47.3%	6878	25261	76.1%	76.1%
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%
TOTALS	2665	8.0%	15718	47.3%	6878	25261	76.1%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	10	14	0	0	0	0	0	0	10	14	24
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	25	48	0	0	0	0	0	0	25	48	73

SHABBONA NURSING HOME
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502
Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	45	0	0	21	0	73
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
TOTALS	7	45	0	0	21	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	72	0	0	0	72
Total	73	0	0	0	73

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	27.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
29.3%	41.6%	0.0%	0.0%	29.1%	100.0%		0.0%
1,057,600	1,498,932	0	0	1,048,058	3,604,590	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
708-301-0571x11

Date Completed
5/1/2008

Registered Agent Information
Craig P. Colmar
1001 E. Touhy

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5195	89.0%	0	5195	89.0%	89.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5195	89.0%	0	5195	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	6	1	7
60 to 64	0	0	0	0	3	0	0	0	3	0	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	14	1	0	0	14	1	15

SHADY OAKS EAST
16240 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014047
Health Service Area 009 Planning Service Area 197

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		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	192	192
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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%	89.3%	0.0%	0.0%	10.7%	100.0%		0.0%
0	1,164,790	0	0	140,249	1,305,039	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
708-301-0571

Date Completed
5/1/2008

Registered Agent Information
Craig P. Colmar
1001 E. Touhy Ave

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5073	86.9%	0	5073	86.9%	86.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5073	86.9%	0	5073	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	2	0	0	5	2	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	3	0	0	12	3	15

SHADY OAKS WEST
16220 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014245
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	198	198
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	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%	92.7%	0.0%	0.0%	7.3%	100.0%		0.0%
0	1,164,667	0	0	91,512	1,256,179	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010326
Health Service Area 006 Planning Service Area 601

Administrator

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/30/2008

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4334	98.9%	0	4334	98.9%	98.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4334	98.9%	0	4334	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	9	0	0	0	9	9
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	0	12	0	0	0	12	12

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010326
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.66
Other Health Staff	2.37
Non-Health Staff	0.15
Totals	10.58

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	89.0%	10.7%	0.0%	0.3%	100.0%		0.0%
0	656,360	79,014	0	1,918	737,293	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Sharyl Ford
309 688-4412

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	10
Developmental Disability	0
Circulatory System	18
Respiratory System	20
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	95	98	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	98	95	98	89	9	0	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	66
Total Discharges 2007	59
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3026	0.0%	28111	78.6%	1165	32302	90.3%	90.3%
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%
TOTALS	3026	0.0%	28111	78.6%	1165	32302	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	18	12	0	0	0	0	0	0	18	12	30
60 to 64	14	11	0	0	0	0	0	0	14	11	25
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	44	45	0	0	0	0	0	0	44	45	89

SHARON HEALTH CARE ELMS
3611 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007306
Health Service Area 002 Planning Service Area 143

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	72	0	0	3	0	89
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
TOTALS	14	72	0	0	3	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	2.00
Non-Health Staff	30.00
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
22.2%	74.3%	1.4%	0.0%	2.1%	100.0%		0.0%
874,898	2,932,227	54,228	0	83,760	3,945,113	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Randall Bauer
309-688-0350

Date Completed
7/18/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	55
Developmental Disability	4
Circulatory System	6
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	4
TOTALS	114

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	116	114	116	114	2	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	116	116	114	116	114	2	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	103
Total Discharges 2007	88
Residents on 12/31/2007	114

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	33286	0.0%	579	33865	80.0%	80.0%
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	0	0.0%	33286	0.0%	579	33865	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	34	28	0	0	0	0	0	0	34	28	62
45 to 59	18	11	0	0	0	0	0	0	18	11	29
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	5	3	0	0	0	0	0	0	5	3	8
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	66	48	0	0	0	0	0	0	66	48	114

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHARON HEALTH CARE PINES
3614 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007298
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	113	0	0	1	0	114
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
TOTALS	0	113	0	0	1	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

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	30.00
Other Health Staff	4.00
Non-Health Staff	35.00
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%	98.8%	0.0%	0.0%	1.2%	100.0%		0.0%
0	3,173,314	0	0	38,325	3,211,639	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Jones

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	92
Developmental Disability	0
Circulatory System	5
Respiratory System	24
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	205

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	219	219	213	219	205	14	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	213	219	205	14	0	219

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	204
Total Admissions 2007	70
Total Discharges 2007	69
Residents on 12/31/2007	205

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	73610	92.1%	1243	74853	93.6%	93.6%
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%
TOTALS	0	0.0%	73610	92.1%	1243	74853	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	9	0	0	0	0	0	0	27	9	36
45 to 59	56	40	0	0	0	0	0	0	56	40	96
60 to 64	10	17	0	0	0	0	0	0	10	17	27
65 to 74	15	21	0	0	0	0	0	0	15	21	36
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	114	91	0	0	0	0	0	0	114	91	205

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHARON HEALTH CARE WILLOWS
3520 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007272
Health Service Area 002 Planning Service Area 143

RESIDENTS 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	2	0	1	0	205
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
TOTALS	0	202	2	0	1	0	205

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	2	0	0	0	2
Total	205	0	0	0	205

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	201	0	0	0	201
Ethnicity Unknown	2	0	0	0	2
Total	205	0	0	0	205

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	15.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	68.00
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
0.0%	98.2%	0.9%	0.0%	0.9%	100.0%		0.0%
0	6,231,403	57,378	0	57,425	6,346,206	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 L. Ford

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
5/23/2008

Registered Agent Information
Bobby L. Ford
3223 W. Richwoods Blvd.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	142
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	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	MEDICAID CERTIFIED
Nursing Care	152	152	152	152	142	10	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	142	10	0	152

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	145
Total Admissions 2007	47
Total Discharges 2007	50
Residents on 12/31/2007	142

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	47862	86.3%	949	48811	88.0%	88.0%
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	0	0.0%	47862	86.3%	949	48811	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	12	0	0	0	0	0	0	21	12	33
45 to 59	57	31	0	0	0	0	0	0	57	31	88
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	4	6	0	0	0	0	0	0	4	6	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	88	54	0	0	0	0	0	0	88	54	142

SHARON HEALTH CARE WOODS
3223 WEST RICHWOODS BOULEVARD
PEORIA, IL. 61604

Reference Numbers Facility ID 6007926
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	140	0	0	2	0	142
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
TOTALS	0	140	0	0	2	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	5	0	0	0	5
Total	142	0	0	0	142

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	142	0	0	0	142

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	6.00
Certified Aides	26.00
Other Health Staff	23.00
Non-Health Staff	24.00
Totals	84.50

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%	97.6%	0.4%	0.0%	2.0%	100.0%		0.0%
0	4,213,954	15,703	0	86,835	4,316,492	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHAWNEE CHRISTIAN NURSING CTR
1901 13TH STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6008528
Health Service Area 005 Planning Service Area 199

Administrator
Jeff McDaniel

Contact Person and Telephone
Jeff McDaniel
618-942-7391

Date Completed
4/28/2008

Registered Agent Information
Timothy F. Phillippe
200 North Postville Drive

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	34
Mental Illness	1
Developmental Disability	1
Circulatory System	42
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	134

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	159	159	140	159	134	25	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	140	159	134	25	83	159

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	135
Total Admissions 2007	195
Total Discharges 2007	196
Residents on 12/31/2007	134

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8714	28.8%	33346	57.5%	7127	49187	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	8714	28.8%	33346	57.5%	7127	49187	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	8	0	0	0	0	0	0	6	8	14
75 to 84	6	34	0	0	0	0	0	0	6	34	40
85+	10	67	0	0	0	0	0	0	10	67	77
TOTALS	22	112	0	0	0	0	0	0	22	112	134

SHAWNEE CHRISTIAN NURSING CTR
1901 13TH STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6008528
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	93	0	1	17	0	134
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
TOTALS	23	93	0	1	17	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	57.00
Other Health Staff	6.00
Non-Health Staff	45.00
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
47.2%	35.3%	0.0%	2.2%	15.3%	100.0%		0.0%
3,474,688	2,595,963	0	161,387	1,129,284	7,361,325	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHAWNEE HOUSE
309 SERIGHT STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6010276
Health Service Area 005 Planning Service Area 059

Administrator
David Roberts

Contact Person and Telephone
DIANN BLACK
618-262-8614

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5805	99.4%	0	5805	99.4%	99.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5805	99.4%	0	5805	99.4%	99.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	3	1	4
60 to 64	0	0	0	0	3	1	0	0	3	1	4
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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHAWNEE HOUSE
309 SERIGHT STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6010276
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	2	0	2
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.50
Other Health Staff	1.75
Non-Health Staff	0.00
Totals	16.25

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%		0.0%
0	660,508	0	0	0	660,508	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHELBY MEMORIAL HOSPITAL NH
200 SOUTH CEDAR
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008551
Health Service Area 004 Planning Service Area 173

Administrator
John Bennett

Contact Person and Telephone
Tracie Helton
217-774-3961

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	19	15	15	15	14	5	15	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	15	15	15	14	5	15	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	66
Total Discharges 2007	64
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1063	19.4%	0	0.0%	3932	4995	72.0%	91.2%
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%
TOTALS	1063	19.4%	0	0.0%	3932	4995	72.0%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	5	9	0	0	0	0	0	0	5	9	14

SHELBY MEMORIAL HOSPITAL NH
200 SOUTH CEDAR
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008551
Health Service Area 004 Planning Service Area 173

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	12	0	14
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
TOTALS	2	0	0	0	12	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.60
LPN's	3.25
Certified Aides	4.83
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	13.68

NET REVENUE BY PAYOR 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%	0.0%	0.0%	2.0%	49.6%	100.0%		0.0%
449,940	0	0	18,852	461,872	930,664	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHELBYVILLE MANOR
ROUTE 128 NORTH P.O. BOX 49
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
217-744-2111

Date Completed
4/30/2008

Registered Agent Information
J. Michael Bibo
285 South Farnham Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	90	115	83	32	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	90	115	83	32	115	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	103
Total Discharges 2007	97
Residents on 12/31/2007	83

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4447	10.6%	15161	36.1%	9676	29284	69.8%	69.8%
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	4447	10.6%	15161	36.1%	9676	29284	69.8%	69.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	16	16	0	0	0	0	0	0	16	16	32
85+	11	31	0	0	0	0	0	0	11	31	42
TOTALS	31	52	0	0	0	0	0	0	31	52	83

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHELBYVILLE MANOR
ROUTE 128 NORTH P.O. BOX 49
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008544
Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	38	0	0	28	0	83
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
TOTALS	17	38	0	0	28	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	10.00
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
40.1%	28.8%	0.0%	0.0%	31.2%	100.0%		0.8%
1,884,513	1,352,648	0	0	1,467,133	4,704,295	37,128	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Shelbyville Rehabilitation & Health Care
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536
Health Service Area 004 Planning Service Area 173

Administrator
Rhonda Baker

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	41

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	63	41	63	41	39	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	63	41	63	41	39	12	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	32
Total Admissions 2007	43
Total Discharges 2007	34
Residents on 12/31/2007	41

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1615	36.9%	9430	32.3%	1802	12847	44.0%	55.9%
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	1615	36.9%	9430	32.3%	1802	12847	44.0%	55.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	5	0	0	0	0	0	0	4	5	9
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	14	27	0	0	0	0	0	0	14	27	41

Shelbyville Rehabilitation & Health Care
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536
Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	0	0	7	0	41
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
TOTALS	4	30	0	0	7	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	14.00
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
33.6%	54.1%	0.0%	0.0%	12.3%	100.0%		0.0%
502,798	809,631	0	0	184,388	1,496,817	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	2
Circulatory System	3
Respiratory System	3
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	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	MEDICAID CERTIFIED
Nursing Care	31	31	27	31	25	6	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	27	31	25	6	0	31

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	27
Total Admissions 2007	10
Total Discharges 2007	12
Residents on 12/31/2007	25

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8047	71.1%	905	8952	79.1%	79.1%
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%
TOTALS	0	0.0%	8047	71.1%	905	8952	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	9	16	0	0	0	0	0	0	9	16	25

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHELDON HEALTH CARE CENTER
170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID 6008569
Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	23	0	0	2	0	25
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
TOTALS	0	23	0	0	2	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

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	6.00
Other Health Staff	0.00
Non-Health Staff	8.00
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%	85.9%	0.0%	0.0%	14.1%	100.0%		0.0%
0	795,410	0	0	130,708	926,118	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6008577
Health Service Area 008 Planning Service Area 111

Administrator
Robert M Norris

Contact Person and Telephone
Robert Norris
815-338-6440

Date Completed
4/25/2008

Registered Agent Information
Robert Bowman
631 Fairway Lane

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	89
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	90	96	89	7		94
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	90	96	89	7	0	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	89
Total Admissions 2007	9
Total Discharges 2007	9
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			32053	93.4%	699	32752	93.5%	93.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	32053	93.4%	699	32752	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	15	0	0	11	15	26
45 to 59	0	0	0	0	27	16	0	0	27	16	43
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	4	3	0	0	4	3	7
75 to 84	0	0	0	0	2	3	0	0	2	3	5
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	47	42	0	0	47	42	89

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6008577
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		88	0	0	1	0	89
Sheltered Care			0	0	0	0	0
TOTALS	0	88	0	0	1	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	81	0	81
Race Unknown	0	0	0	0	0
Total	0	0	89	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	86	0	86
Ethnicity Unknown	0	0	0	0	0
Total	0	0	89	0	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.33
LPN's	3.03
Certified Aides	20.67
Other Health Staff	17.59
Non-Health Staff	13.89
Totals	62.51

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	69.4%	13.3%	0.0%	17.2%	100.0%		0.0%
0	3,024,773	581,420	0	751,073	4,357,266	0	

Sheltering Oak
P.O. Box 367
Island Lake, IL. 60042

Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

Administrator
Joseph Agnello

Contact Person and Telephone
Joseph Agnello
847-526-3636

Date Completed
5/1/2008

Registered Agent Information
John Verchota
444 N. Route 31, St 104

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	63
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	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	70	65	70	65	5	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	65	70	65	5	0	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	15
Total Discharges 2007	16
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	22995	90.0%	730	23725	92.9%	92.9%
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	0	0.0%	22995	90.0%	730	23725	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	5	0	5
45 to 59	16	9	0	0	0	0	0	0	16	9	25
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	36	29	0	0	0	0	0	0	36	29	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Sheltering Oak
P.O. Box 367
Island Lake, IL. 60042

Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	63	0	0	2	0	65
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
TOTALS	0	63	0	0	2	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	104	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.60
Certified Aides	11.20
Other Health Staff	6.00
Non-Health Staff	10.50
Totals	36.90

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%	71.4%	0.0%	0.0%	28.6%	100.0%		0.0%
0	1,432,519	0	0	572,871	2,005,390	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHERIDAN HEALTH CARE CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID 6008593
Health Service Area 008 Planning Service Area 097

Administrator
Ross Zeller

Contact Person and Telephone
Ross Zeller
847-746-8435

Date Completed
4/3/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	32
Mental Illness	32
Developmental Disability	3
Circulatory System	18
Respiratory System	25
Digestive System	6
Genitourinary System Disorders	15
Skin Disorders	10
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	193

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	250	250	200	250	193	57	87	250
Skilled Under 22	0	0	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	250	200	250	193	57	87	250

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	194
Total Admissions 2007	111
Total Discharges 2007	112
Residents on 12/31/2007	193

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5521	17.4%	57507	63.0%	6463	69491	76.2%	76.2%
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%
TOTALS	5521	17.4%	57507	63.0%	6463	69491	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	0	0	0	0	0	0	4	9	13
45 to 59	31	12	0	0	0	0	0	0	31	12	43
60 to 64	14	15	0	0	0	0	0	0	14	15	29
65 to 74	20	15	0	0	0	0	0	0	20	15	35
75 to 84	24	20	0	0	0	0	0	0	24	20	44
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	99	94	0	0	0	0	0	0	99	94	193

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHERIDAN HEALTH CARE CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID 6008593
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	153	3	1	17	0	193
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
TOTALS	19	153	3	1	17	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

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	83.00
Other Health Staff	8.00
Non-Health Staff	84.00
Totals	212.00

NET REVENUE BY PAYOR 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%	72.3%	9.0%	0.0%	1.2%	100.0%		0.0%
1,623,032	6,697,959	838,465	0	107,971	9,267,427	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Corey Nigro

Contact Person and Telephone
Corey Nigro
773-769-2230

Date Completed
5/4/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	73
Developmental Disability	1
Circulatory System	6
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	36
Non-Medical Conditions	17
TOTALS	172

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	191	191	191	191	172	19	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	191	172	19	63	191

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	180
Total Admissions 2007	152
Total Discharges 2007	160
Residents on 12/31/2007	172

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2231	9.7%	62156	89.2%	0	64387	92.4%	92.4%
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%
TOTALS	2231	9.7%	62156	89.2%	0	64387	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	5	0	0	0	0	0	0	28	5	33
45 to 59	50	28	0	0	0	0	0	0	50	28	78
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	107	65	0	0	0	0	0	0	107	65	172

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002687
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	163	0	0	3	0	172
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
TOTALS	6	163	0	0	3	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	8	0	0	0	8
Total	172	0	0	0	172

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	23.00
Certified Aides	57.00
Other Health Staff	2.00
Non-Health Staff	60.00
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
2.8%	96.9%	0.0%	0.1%	0.2%	100.0%		0.0%
197,384	6,875,588	0	7,205	12,936	7,093,113	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Mary LaRiviere
847-429-5201

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	106	120	100	20	54	20
Skilled Under 22	0	0	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	106	120	100	20	54	20

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	637
Total Discharges 2007	636
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11467	58.2%	2185	29.9%	20513	34165	78.0%	78.0%
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	11467	58.2%	2185	29.9%	20513	34165	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	10	5	0	0	0	0	0	0	10	5	15
75 to 84	15	27	0	0	0	0	0	0	15	27	42
85+	4	36	0	0	0	0	0	0	4	36	40
TOTALS	31	69	0	0	0	0	0	0	31	69	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Reference Numbers Facility ID 6012827
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	38	10	0	1	51	0	100
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
TOTALS	38	10	0	1	51	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	3.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	39.00
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
49.5%	4.9%	0.0%	6.3%	39.3%	100.0%		0.7%
4,063,168	400,721	0	516,410	3,225,570	8,205,869	55,096	

FACILITY NOTES

Bed Change	7/27/2007	Discontinued 8 Sheltered Care beds and added 8 Nursing Care beds; facility now authorized for 120 Nursing Care beds.

SHERWIN MANOR NURSING CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601
Health Service Area 006 Planning Service Area 601

Administrator
JOSEPH OSINA

Contact Person and Telephone
ABE OSINA
773-274-1000

Date Completed
6/2/2008

Registered Agent Information
ABE OSINA
7350 N SHERIDAN RD
CHICAGO, IL 60626

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	219	219	109	219	88	131	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	109	219	88	131	219	219

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	228
Total Discharges 2007	221
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2521	3.2%	28025	35.1%	1550	32096	40.2%	40.2%
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%
TOTALS	2521	3.2%	28025	35.1%	1550	32096	40.2%	40.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	10	5	15
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	42	46	0	0	0	0	0	0	42	46	88

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHERWIN MANOR NURSING CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601
Health Service Area 006 Planning Service Area 601

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	82	0	1	1	0	88
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
TOTALS	4	82	0	1	1	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	45	0	0	0	45
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	10.00
Non-Health Staff	32.00
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
17.3%	78.4%	0.0%	1.5%	2.7%	100.0%		0.0%
798,456	3,611,626	0	69,250	125,780	4,605,112	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639
Health Service Area 007 Planning Service Area 702

Administrator
Kate Jesko

Contact Person and Telephone
Kate Jesko
847-982-2030

Date Completed
4/1/2008

Registered Agent Information
Gerald Gulley
4232 Dempster St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4380	100.0%	0	4380	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	3	0	0	0	3	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	6	6	0	0	6	6	12

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639
Health Service Area 007 Planning Service Area 702

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		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	104	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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%	45.1%	21.7%	5.7%	27.6%	100.0%		0.0%
0	261,866	126,080	32,849	160,256	581,051	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SKOKIE MEADOWS NURSING CTR. II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643
Health Service Area 007 Planning Service Area 702

Administrator
Joan M Willey

Contact Person and Telephone
Joy Chan
847-679-1157

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	105
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	105

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	110	111	105	6	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	111	110	111	105	6	0	111

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	46
Total Discharges 2007	46
Residents on 12/31/2007	105

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	25550	63.1%	12775	38325	94.6%	94.6%
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%
TOTALS	0	0.0%	25550	63.1%	12775	38325	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	6	0	0	0	0	0	0	17	6	23
45 to 59	53	0	0	0	0	0	0	0	53	0	53
60 to 64	16	2	0	0	0	0	0	0	16	2	18
65 to 74	9	1	0	0	0	0	0	0	9	1	10
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	96	9	0	0	0	0	0	0	96	9	105

SKOKIE MEADOWS NURSING CTR. II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	70	32	0	3	0	105
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
TOTALS	0	70	32	0	3	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	0.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	25.00
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
0.0%	60.7%	36.2%	0.0%	3.1%	100.0%		0.0%
0	2,700,000	1,610,000	0	140,000	4,450,000	0	

FACILITY NOTES

Name Change	11/2/2007	Name changed from "Skokie Meadows II".

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
708-326-2326

Date Completed
4/30/2008

Registered Agent Information
Mr. Thomas Chomicz
500 West Madison, Ste. 3700

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	30	29	30	24	6	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	30	30	29	30	24	6	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	123
Total Discharges 2007	115
Residents on 12/31/2007	24

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1928	0.0%	0	0.0%	6228	8156	74.5%	74.5%
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	1928	0.0%	0	0.0%	6228	8156	74.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	6	0	0	0	0	0	0	3	6	9
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	7	17	0	0	0	0	0	0	7	17	24

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Reference Numbers Facility ID 6016059
Health Service Area 009 Planning Service Area 197

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
ICF/DD		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	261	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	2.25
Certified Aides	9.00
Other Health Staff	0.50
Non-Health Staff	6.00
Totals	23.25

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
26.9%	0.0%	0.0%	0.0%	73.1%	100.0%		11.1%
457,235	0	0	0	1,244,346	1,701,581	188,584	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008668
Health Service Area 010 Planning Service Area 161

Administrator
Regina Mason

Contact Person and Telephone
Regina Mason
309-796-2676

Date Completed
5/1/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5291	90.6%	0	5291	90.6%	90.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5291	90.6%	0	5291	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008668
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.66
Other Health Staff	0.52
Non-Health Staff	1.79
Totals	9.22

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
0.0%	80.0%	0.0%	0.0%	20.0%	100.0%		0.0%
0	569,996	0	0	142,835	712,832	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SNOW VALLEY NRSG & REHAB CTR
5000 LINCOLN AVENUE
LISLE, IL. 60532

Reference Numbers Facility ID 6008676
Health Service Area 007 Planning Service Area 703

Administrator
Delnaz Vazifdar

Contact Person and Telephone
Delnaz Vazifdar
630-852-5100

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	51	51	51	51	46	5	51	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	51	51	46	5	51	51

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	44
Total Admissions 2007	69
Total Discharges 2007	67
Residents on 12/31/2007	46

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2198	11.8%	8214	44.1%	5831	16243	87.3%	87.3%
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%
TOTALS	2198	11.8%	8214	44.1%	5831	16243	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	11	0	0	0	0	0	0	4	11	15
85+	1	24	0	0	0	0	0	0	1	24	25
TOTALS	7	39	0	0	0	0	0	0	7	39	46

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SNOW VALLEY NRSG & REHAB CTR
5000 LINCOLN AVENUE
LISLE, IL. 60532

Reference Numbers Facility ID 6008676
Health Service Area 007 Planning Service Area 703

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	16	0	46
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
TOTALS	4	26	0	0	16	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	9.00
Other Health Staff	1.00
Non-Health Staff	16.00
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
24.2%	34.4%	0.0%	2.8%	38.6%	100.0%		0.0%
660,287	940,014	0	75,289	1,053,834	2,729,424	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID 6011464
Health Service Area 002 Planning Service Area 203

Administrator
Tom Becher

Contact Person and Telephone
Diane Hilton
309-367-4300 ext 112

Date Completed
5/12/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	38
Mental Illness	4
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	105	105	105	105	95	10	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	105	105	105	95	10	105	105

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	83
Total Discharges 2007	84
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2867	7.5%	9537	24.9%	23449	35853	93.5%	93.5%
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	2867	7.5%	9537	24.9%	23449	35853	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	2	8	10
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	15	44	0	0	0	0	0	0	15	44	59
TOTALS	23	72	0	0	0	0	0	0	23	72	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID 6011464
Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	25	0	0	62	0	95
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
TOTALS	8	25	0	0	62	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	178
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	60.00
Other Health Staff	6.00
Non-Health Staff	72.00
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
17.3%	14.4%	0.0%	3.9%	64.4%	100.0%		0.4%
1,159,721	965,317	0	263,823	4,314,726	6,703,587	23,655	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information
Vaughn I. Snyder
135 South Morgan

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	2
Circulatory System	20
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	96	75	96	60	39	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	75	96	60	39	17	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	72
Total Admissions 2007	62
Total Discharges 2007	74
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1196	19.3%	15684	43.4%	6128	23008	63.7%	65.7%
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	1196	19.3%	15684	43.4%	6128	23008	63.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	7	10	0	0	0	0	0	0	7	10	17
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	22	38	0	0	0	0	0	0	22	38	60

SNYDER'S VAUGHN HAVEN
135 SOUTH MORGAN STREET
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6008684
Health Service Area 003 Planning Service Area 009

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	15	0	60
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
TOTALS	3	42	0	0	15	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	23.00
Other Health Staff	1.00
Non-Health Staff	27.00
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
14.6%	53.8%	0.0%	0.0%	31.6%	100.0%		0.0%
348,116	1,286,895	0	0	754,999	2,390,012	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOMERSET PLACE
5009 NORTH SHERIDAN
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008700
Health Service Area 006 Planning Service Area 601

Administrator
Jeremy Boshes

Contact Person and Telephone
Jeremy Boshes
312-561-0700

Date Completed
5/2/2008

Registered Agent Information
David Aronin
2201 Main Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	440
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	440

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	450	450	447	450	440	10	0	450
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	450	450	447	450	440	10	0	450

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	430
Total Admissions 2007	321
Total Discharges 2007	311
Residents on 12/31/2007	440

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	151636	92.3%	0	151636	92.3%	92.3%
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%
TOTALS	0	0.0%	151636	92.3%	0	151636	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	127	35	0	0	0	0	0	0	127	35	162
45 to 59	154	60	0	0	0	0	0	0	154	60	214
60 to 64	21	13	0	0	0	0	0	0	21	13	34
65 to 74	12	7	0	0	0	0	0	0	12	7	19
75 to 84	7	4	0	0	0	0	0	0	7	4	11
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	321	119	0	0	0	0	0	0	321	119	440

SOMERSET PLACE
5009 NORTH SHERIDAN
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008700
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	440	0	0	0	0	440
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
TOTALS	0	440	0	0	0	0	440

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	19	0	0	0	19
Amer. Indian	3	0	0	0	3
Black	232	0	0	0	232
Hawaiian/Pac. Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	11	0	0	0	11
Total	440	0	0	0	440

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	411	0	0	0	411
Ethnicity Unknown	0	0	0	0	0
Total	440	0	0	0	440

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	27.00
Certified Aides	67.00
Other Health Staff	31.00
Non-Health Staff	71.00
Totals	204.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	15,730,103	0	0	0	15,730,103	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Renee Bogard

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	1
Circulatory System	16
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	80	68	80	60	30	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	68	80	60	30	14	90

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	177
Total Discharges 2007	180
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1758	34.4%	17138	52.2%	3945	22841	69.5%	78.2%
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%
TOTALS	1758	34.4%	17138	52.2%	3945	22841	69.5%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	8	0	0	0	0	0	0	9	8	17
60 to 64	3	2	0	0	0	0	0	0	3	2	5
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+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	28	32	0	0	0	0	0	0	28	32	60

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	47	0	0	8	0	60
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
TOTALS	5	47	0	0	8	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

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	18.00
Other Health Staff	0.00
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
21.2%	64.3%	0.0%	0.0%	14.5%	100.0%		0.0%
719,355	2,177,722	0	0	490,825	3,387,902	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013395
Health Service Area 002 Planning Service Area 143

Administrator
Edith B. Morris

Contact Person and Telephone
Edith Morris
309-691-3123

Date Completed
5/1/2008

Registered Agent Information
Roy Ricketts
1913 W. Townline Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1424	97.5%	0	1424	97.5%	97.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013395
Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	185	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	3.80
Totals	6.80

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%	86.9%	0.4%	0.0%	12.7%	100.0%		0.0%
0	238,451	1,083	0	34,781	274,315	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761
Health Service Area 005 Planning Service Area 033

Administrator
Amanda Welsh

Contact Person and Telephone
Amanda Welsh
618-546-1204

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5768	98.8%	0	5768	98.8%	98.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5768	98.8%	0	5768	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761
Health Service Area 005 Planning Service Area 033

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	83.3%	12.1%	0.0%	4.7%	100.0%		0.0%
0	514,647	74,485	0	29,000	618,132	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

South Shore Nursing & Rehab
2649 East 75th Street
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856
Health Service Area 006 Planning Service Area 603

Administrator
Timothy Drummond

Contact Person and Telephone
Roland Carey
773-356-9300

Date Completed
5/5/2008

Registered Agent Information
David M Aronin
4101 West Main

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Endocrine/Metabolic	51
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	4
Circulatory System	42
Respiratory System	5
Digestive System	15
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	205

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	227	240	205	35	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	227	240	205	35	240	240

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	207
Total Admissions 2007	267
Total Discharges 2007	269
Residents on 12/31/2007	205

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7300	8.3%	64207	73.3%	8809	80316	91.7%	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	7300	8.3%	64207	73.3%	8809	80316	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	19	18	0	0	0	0	0	0	19	18	37
60 to 64	11	2	0	0	0	0	0	0	11	2	13
65 to 74	22	12	0	0	0	0	0	0	22	12	34
75 to 84	20	34	0	0	0	0	0	0	20	34	54
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	85	120	0	0	0	0	0	0	85	120	205

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

South Shore Nursing & Rehab
2649 East 75th Street
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	169	6	1	9	0	205
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
TOTALS	20	169	6	1	9	0	205

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	196	0	0	0	196
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	205	0	0	0	205

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	205	0	0	0	205

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	52.00
Certified Aides	88.00
Other Health Staff	0.00
Non-Health Staff	73.00
Totals	221.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.2%	71.0%	4.1%	1.1%	4.6%	100.0%		0.0%
2,052,602	7,591,806	436,432	114,943	492,307	10,688,090	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Reference Numbers Facility ID 6008742
Health Service Area 004 Planning Service Area 115

Administrator
Pam Rosenkranz

Contact Person and Telephone
Pam Rosenkranz
217-422-5478

Date Completed
4/23/2008

Registered Agent Information
Alfred Kreckmam
908 N. Main Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5010	91.5%	365	5375	98.2%	98.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5010	91.5%	365	5375	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
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	7	8	0	0	7	8	15

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Reference Numbers Facility ID 6008742
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.18
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	9.05
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	10.91

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%	81.1%	0.0%	0.0%	18.9%	100.0%		0.0%
0	502,346	0	0	116,769	619,115	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Ann Errichetti MD

Contact Person and Telephone
Kelly O'Hara
708-213-3356

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	40	40	36	32	14	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	46	40	40	36	32	14	31	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	35
Total Admissions 2007	1085
Total Discharges 2007	1088
Residents on 12/31/2007	32

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7168	63.3%	0	0.0%	4798	11966	71.3%	82.0%
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	7168	63.3%	0	0.0%	4798	11966	71.3%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	10	22	0	0	0	0	0	0	10	22	32

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6011720
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	17	0	0	15	0	0	32
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
TOTALS	17	0	0	15	0	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	790	750
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	2	0	0	0	2
Total	32	0	0	0	32

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	2	0	0	0	2
Total	32	0	0	0	32

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.80
LPN's	6.20
Certified Aides	18.50
Other Health Staff	0.00
Non-Health Staff	12.60
Totals	59.10

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

South Suburban Rehab Center
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6006084
Health Service Area 007 Planning Service Area 705

Administrator
Clarence Boykin

Contact Person and Telephone
Clarence Boykin
708-957-9200

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	8
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	2
Circulatory System	9
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	259	259	62	259	62	197	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	62	259	62	197	259	259

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	41
Total Admissions 2007	45
Total Discharges 2007	24
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	63590	67.3%	3456	67046	70.9%	70.9%
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	0	0.0%	63590	67.3%	3456	67046	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	0	0	0	0	0	0	1	4	5
45 to 59	9	5	0	0	0	0	0	0	9	5	14
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	22	40	0	0	0	0	0	0	22	40	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

South Suburban Rehab Center
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6006084
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	60	0	0	2	0	62
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
TOTALS	0	60	0	0	2	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	24.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	45.00
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
0.0%	85.6%	5.6%	0.0%	8.9%	100.0%		0.0%
0	461,690	30,000	0	47,852	539,542	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Michelle Cavitt

Contact Person and Telephone
Sam Thompson
618-524-2683

Date Completed
3/28/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	33
Mental Illness	2
Developmental Disability	0
Circulatory System	35
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	140	140	125	140	113	27	75	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	125	140	113	27	75	140

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	112
Total Discharges 2007	105
Residents on 12/31/2007	113

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5259	19.2%	23248	45.5%	11787	40294	78.9%	78.9%
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	5259	19.2%	23248	45.5%	11787	40294	78.9%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	11	8	0	0	0	0	0	0	11	8	19
75 to 84	9	34	0	0	0	0	0	0	9	34	43
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	27	86	0	0	0	0	0	0	27	86	113

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTHGATE HEALTH CARE CENTER
900 EAST NINTH STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6008759
Health Service Area 005 Planning Service Area 087

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	66	8	0	29	0	113
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
TOTALS	10	66	8	0	29	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	6.00
Non-Health Staff	34.00
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
55.0%	28.2%	2.5%	0.0%	14.3%	100.0%		0.0%
393,000	201,000	18,000	0	102,000	714,000	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTHVIEW MANOR
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895
Health Service Area 006 Planning Service Area 603

Administrator
Gloria L. Green

Contact Person and Telephone
Gloria Green
312-326-9101

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	44
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	4
Mental Illness	86
Developmental Disability	20
Circulatory System	4
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	194

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	194	194	194	6	0	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	194	194	194	6	0	200

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	196
Total Admissions 2007	346
Total Discharges 2007	348
Residents on 12/31/2007	194

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1894	0.0%	67943	93.1%	522	70359	96.4%	96.4%
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%
TOTALS	1894	0.0%	67943	93.1%	522	70359	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	32	17	0	0	0	0	0	0	32	17	49
45 to 59	64	30	0	0	0	0	0	0	64	30	94
60 to 64	9	10	0	0	0	0	0	0	9	10	19
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	122	72	0	0	0	0	0	0	122	72	194

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SOUTHVIEW MANOR
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	173	11	0	1	0	194
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
TOTALS	9	173	11	0	1	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	177	0	0	0	177
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	2	0	0	0	2
Total	194	0	0	0	194

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	1	0	0	0	1
Total	194	0	0	0	194

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	20.00
Certified Aides	36.00
Other Health Staff	5.00
Non-Health Staff	68.00
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
7.9%	91.1%	0.7%	0.0%	0.2%	100.0%		0.0%
610,811	7,041,170	57,420	0	17,595	7,726,996	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID 6010433
Health Service Area 005 Planning Service Area 157

Administrator
Randi Leone

Contact Person and Telephone
Cathy Tadlock
618-443-2122

Date Completed
4/7/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5146	88.1%	0	5146	88.1%	88.1%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5146	88.1%	0	5146	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID 6010433
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	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
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%		0.0%
0	564,286	0	0	0	564,286	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825
Health Service Area 007 Planning Service Area 705

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	0	0	1	3	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	4	0	0	2	4	6

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825
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		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	209
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.00
Certified Aides	5.95
Other Health Staff	0.26
Non-Health Staff	0.84
Totals	7.42

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	94.9%	0.0%	0.0%	5.1%	100.0%		0.0%
0	427,838	0	0	23,114	450,952	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/20/2008

Registered Agent Information
Jeremy Maupin
5310 East William Street Road

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	3
Total Discharges 2007	3
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5745	98.4%	0	5745	98.4%	98.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5745	98.4%	0	5745	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	4	5	9
60 to 64	0	0	0	0	3	0	0	0	3	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SPRING CREEK TERRACE
3155 EAST MOUND ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID 6012314
Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	257	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	12.00
Non-Health Staff	3.00
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%	88.1%	0.0%	0.0%	11.9%	100.0%		0.0%
0	799,365	0	0	107,715	907,080	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Shirley M. Michalski

Contact Person and Telephone
SHIRLEY M. MICHALSKI, RN
815-664-4708

Date Completed
6/9/2008

Registered Agent Information
Jack Reifer
P.O. Box 59723

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	17
Mental Illness	4
Developmental Disability	4
Circulatory System	3
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	98	79	98	79	19	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	79	98	79	19	17	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	30
Total Discharges 2007	34
Residents on 12/31/2007	79

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3078	49.6%	17502	48.9%	8255	28835	80.6%	80.6%
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%
TOTALS	3078	49.6%	17502	48.9%	8255	28835	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	3	0	0	0	0	0	0	6	3	9
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	20	59	0	0	0	0	0	0	20	59	79

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	46	0	0	23	0	79
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
TOTALS	10	46	0	0	23	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	6.00
Non-Health Staff	9.00
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
24.2%	43.4%	0.0%	0.0%	32.5%	100.0%		0.0%
972,186	1,745,424	0	0	1,307,640	4,025,250	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SPRINGFIELD TERRACE
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

Administrator
Judith G. Borror

Contact Person and Telephone
Melvin Siegel
847-679-0100

Date Completed
4/22/2008

Registered Agent Information
Gary Weintraub ESQ
465 Central Avenue
Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	31
Developmental Disability	0
Circulatory System	2
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	41

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	64	51	64	41	24	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	64	51	64	41	24	0	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	40
Total Admissions 2007	35
Total Discharges 2007	34
Residents on 12/31/2007	41

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	16307	68.7%	0	16307	68.7%	69.8%
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	0	0.0%	16307	68.7%	0	16307	68.7%	69.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	14	4	0	0	0	0	0	0	14	4	18
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	5	1	0	0	0	0	0	0	5	1	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	28	13	0	0	0	0	0	0	28	13	41

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SPRINGFIELD TERRACE
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	41	0	0	0	0	41
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
TOTALS	0	41	0	0	0	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	7.00
Non-Health Staff	15.00
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%	97.2%	0.0%	0.0%	2.8%	100.0%		0.0%
0	1,228,262	0	0	35,840	1,264,102	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Nancy Park

Contact Person and Telephone
Nancy Park
312-922-2777

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	13
Endocrine/Metabolic	46
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	22
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	197	197	179	197	171	26	37	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	179	197	171	26	37	197

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	541
Total Discharges 2007	527
Residents on 12/31/2007	171

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4482	33.2%	50956	70.9%	5126	60564	84.2%	84.2%
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%
TOTALS	4482	33.2%	50956	70.9%	5126	60564	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	11	0	0	0	0	0	0	6	11	17
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	17	10	0	0	0	0	0	0	17	10	27
75 to 84	17	35	0	0	0	0	0	0	17	35	52
85+	16	46	0	0	0	0	0	0	16	46	62
TOTALS	64	107	0	0	0	0	0	0	64	107	171

ST. AGNES HEALTH CARE CENTER
1725 SOUTH WABASH
CHICAGO, IL. 60616

Reference Numbers Facility ID 6008825
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	154	0	0	6	0	171
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
TOTALS	11	154	0	0	6	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	65	0	0	0	65
Amer. Indian	0	0	0	0	0
Black	82	0	0	0	82
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	26.00
Certified Aides	67.00
Other Health Staff	10.00
Non-Health Staff	83.00
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
18.0%	78.3%	0.0%	0.0%	3.7%	100.0%		0.0%
1,602,572	6,972,312	0	0	330,868	8,905,752	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833
Health Service Area 007 Planning Service Area 702

Administrator
Nancy Mella-Oliver

Contact Person and Telephone
Nancy Mella-Oliver
847-647-8332

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	55	55	55	55	54	1	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	54	1	0	55

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	27
Total Discharges 2007	25
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	8838	44.0%	10718	19556	97.4%	97.4%
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%
TOTALS	0	0.0%	8838	44.0%	10718	19556	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	6	0	0	0	0	0	0	7	6	13
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	15	39	0	0	0	0	0	0	15	39	54

ST. ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	22	0	0	32	0	54
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
TOTALS	0	22	0	0	32	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
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
1.7%	16.9%	0.0%	0.0%	81.4%	100.0%		0.0%
92,476	921,192	0	0	4,446,820	5,460,488	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. ANN'S HEALTHCARE CENTER
770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID 6008841
Health Service Area 005 Planning Service Area 157

Administrator
Beverly Froemling

Contact Person and Telephone
Beverly Froemling
618-826-2314

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	19
Respiratory System	1
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	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	85	70	85	60	59	32	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	85	70	85	60	59	32	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	52
Total Discharges 2007	58
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2305	19.7%	10714	24.7%	9231	22250	51.2%	71.7%
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	2305	19.7%	10714	24.7%	9231	22250	51.2%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	4	11	0	0	0	0	0	0	4	11	15
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	17	43	0	0	0	0	0	0	17	43	60

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. ANN'S HEALTHCARE CENTER
770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID 6008841
Health Service Area 005 Planning Service Area 157

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	28	0	0	24	0	60
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
TOTALS	8	28	0	0	24	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	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	17.00
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
32.4%	34.2%	30.6%	0.0%	2.8%	100.0%		0.0%
925,058	973,949	872,782	0	79,841	2,851,630	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. ANTHONY'S MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176
Health Service Area 005 Planning Service Area 049

Administrator
Daniel Woods

Contact Person and Telephone
Chuck S. Schuette
217-347-1374

Date Completed
4/22/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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'

RESIDENTS BY 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	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	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	MEDICAID CERTIFIED
Nursing Care	13	13	13	13	3	10	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	3	10	13	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	7
Total Admissions 2007	419
Total Discharges 2007	423
Residents on 12/31/2007	3

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2599	54.8%	0	0.0%	281	2880	60.7%	60.7%
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	2599	54.8%	0	0.0%	281	2880	60.7%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1	2	0	0	0	0	0	0	1	2	3

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. ANTHONY'S MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176
Health Service Area 005 Planning Service Area 049

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	0	0	3
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
TOTALS	3	0	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	245
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	3	0	0	0	3

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

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	3.00
Other Health Staff	1.00
Non-Health Staff	1.00
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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

ST. ANTHONY'S NURSING AND REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866
Health Service Area 010 Planning Service Area 161

Administrator
Kimberly D. Hufsey

Contact Person and Telephone
Barak Baver
773-202-0000

Date Completed
4/30/2008

Registered Agent Information
Paul Gilman
330 N. Wabash Ave, Suite 3000

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	6
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	11
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	89	120	89	31	42	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	89	120	89	31	42	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	88
Total Admissions 2007	113
Total Discharges 2007	112
Residents on 12/31/2007	89

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2255	14.7%	20331	46.4%	8836	31422	71.7%	71.7%
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	2255	14.7%	20331	46.4%	8836	31422	71.7%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	2	0	2
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	12	43	0	0	0	0	0	0	12	43	55
TOTALS	26	63	0	0	0	0	0	0	26	63	89

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. ANTHONY'S NURSING AND REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	2	22	0	89
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
TOTALS	11	54	0	2	22	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

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	36.00
Other Health Staff	2.00
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
20.8%	46.7%	0.0%	8.1%	24.4%	100.0%		0.0%
890,586	1,997,236	0	347,938	1,045,025	4,280,785	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Peter Goschy

Contact Person and Telephone
Peter Goschy
847-647-0003

Date Completed
4/10/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	29
Digestive System	18
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	97	2	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	97	2	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	70
Total Discharges 2007	70
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6068	16.8%	6998	19.4%	20734	33800	93.5%	93.5%
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	6068	16.8%	6998	19.4%	20734	33800	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	4	0	4
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	8	55	0	0	0	0	0	0	8	55	63
TOTALS	22	75	0	0	0	0	0	0	22	75	97

ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6008874
Health Service Area 007 Planning Service Area 702

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	18	0	0	55	0	97
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
TOTALS	24	18	0	0	55	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	52.00
Other Health Staff	46.00
Non-Health Staff	11.00
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
24.3%	11.6%	64.1%	0.0%	0.0%	100.0%		0.0%
1,998,934	951,056	5,275,921	0	0	8,225,911	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator
Frank Shepke

Contact Person and Telephone
Frank Shepke
217-735-1507

Date Completed
5/1/2008

Registered Agent Information
Cheryl Lowney
200 Fifth St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	26
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	3
Circulatory System	12
Respiratory System	18
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	114

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	124	131	114	26	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	124	131	114	26	140	140

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	132
Total Discharges 2007	130
Residents on 12/31/2007	114

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4679	9.2%	23502	46.0%	13967	42148	82.5%	88.1%
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%
TOTALS	4679	9.2%	23502	46.0%	13967	42148	82.5%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	34	0	0	0	0	0	0	6	34	40
85+	9	53	0	0	0	0	0	0	9	53	62
TOTALS	17	97	0	0	0	0	0	0	17	97	114

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	61	0	0	43	0	114
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
TOTALS	10	61	0	0	43	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	25.00
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
25.4%	37.4%	0.0%	0.0%	37.2%	100.0%		0.0%
1,391,185	2,046,341	0	0	2,032,994	5,470,521	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. CLARE'S HOSPITAL
PO BOX 340 915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID 6012728
Health Service Area 011 Planning Service Area 119

Administrator
Paula Bull

Contact Person and Telephone
Paula Bull
618-463-5683

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	3
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	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	38	30	30	30	16	22	26	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	38	30	30	30	16	22	26	30

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	305
Total Discharges 2007	302
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4438	46.8%	0	0.0%	1666	6104	44.0%	55.7%
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	4438	46.8%	0	0.0%	1666	6104	44.0%	55.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	2	14	0	0	0	0	0	0	2	14	16

ST. CLARE'S HOSPITAL
PO BOX 340 915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID 6012728
Health Service Area 011 Planning Service Area 119

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	5	0	0	16
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
TOTALS	11	0	0	5	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	540
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	0	0	0	0	0
Total	16	0	0	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.90
Certified Aides	8.30
Other Health Staff	4.60
Non-Health Staff	3.00
Totals	29.80

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. ELIZABETH HOSPITAL- SKILLED NURSING
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730
Health Service Area 006 Planning Service Area 602

Administrator
Suzanne Lambert

Contact Person and Telephone
Daniel Rakoski
312-633-5841

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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'

RESIDENTS BY 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	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	19
Total Admissions 2007	499
Total Discharges 2007	501
Residents on 12/31/2007	17

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6172	60.4%	25	0.2%	646	6843	67.0%	75.0%
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	6172	60.4%	25	0.2%	646	6843	67.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	7	10	0	0	0	0	0	0	7	10	17

ST. ELIZABETH HOSPITAL- SKILLED NURSING
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730
Health Service Area 006 Planning Service Area 602

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	1	0	0	17
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
TOTALS	16	0	0	1	0	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	610	610
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	1	0	0	0	1
Total	17	0	0	0	17

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	1	0	0	0	1
Total	17	0	0	0	17

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.81
LPN's	1.75
Certified Aides	5.60
Other Health Staff	1.74
Non-Health Staff	1.99
Totals	22.89

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

St. Francis Hospital
1215 FRANCISCAN DRIVE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6008924
Health Service Area 003 Planning Service Area 135

Administrator
Daniel Perryman

Contact Person and Telephone
Diane Lindsay
217-324-8510

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	11	14	14	0	0	11	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	11	14	14	0	0	11	21	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	11
Total Admissions 2007	88
Total Discharges 2007	99
Residents on 12/31/2007	0

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	965	12.6%	0	0.0%	0	965	24.0%	18.9%
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	965	12.6%	0	0.0%	0	965	24.0%	18.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

St. Francis Hospital
1215 FRANCISCAN DRIVE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6008924
Health Service Area 003 Planning Service Area 135

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		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	179	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

FACILITY NOTES

06-084	3/27/2007	Received permit to discontinue 25 skilled nursing (long-term care) beds; completed project, reduced bed count to 11.

ST. FRANCIS NSG & REHAB CTR
500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916
Health Service Area 007 Planning Service Area 702

Administrator
Michael Kaplan

Contact Person and Telephone
Michael Kaplan
847-316-3320

Date Completed
5/1/2008

Registered Agent Information
Joseph Toomey
7435 W. Talcott

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	10
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	124	124	109	124	102	22	124	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	124	124	109	124	102	22	124	124

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	96
Total Admissions 2007	520
Total Discharges 2007	514
Residents on 12/31/2007	102

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9013	19.9%	23606	52.2%	4232	36851	81.4%	81.4%
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%
TOTALS	9013	19.9%	23606	52.2%	4232	36851	81.4%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	6	6	12
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	32	70	0	0	0	0	0	0	32	70	102

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. FRANCIS NSG & REHAB CTR
500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	55	0	1	14	0	102
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
TOTALS	32	55	0	1	14	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	3	0	0	0	3
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	4.50
Certified Aides	34.50
Other Health Staff	4.00
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
54.8%	34.3%	0.0%	10.9%	0.0%	100.0%		0.0%
3,927,767	2,458,822	0	778,417	0	7,165,006	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Gwendolyn Toney

Contact Person and Telephone
Gwendolyn P. Toney

Registered Agent Information

Date Completed
5/30/2008

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	72

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	102	76	102	72	38	32	23
Skilled Under 22	0	0	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	102	76	102	72	38	32	23

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	221
Total Discharges 2007	231
Residents on 12/31/2007	72

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5914	50.6%	10025	119.4%	10568	26507	66.0%	71.2%
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%
TOTALS	5914	50.6%	10025	119.4%	10568	26507	66.0%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	4	0	4
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	6	41	0	0	0	0	0	0	6	41	47
TOTALS	18	54	0	0	0	0	0	0	18	54	72

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. JAMES MANOR & VILLA
1251 EAST RICHTON ROAD
CRETE, IL. 60417

Reference Numbers Facility ID 6010664
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	21	0	0	32	0	72
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
TOTALS	19	21	0	0	32	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.90
LPN's	14.60
Certified Aides	30.70
Other Health Staff	8.90
Non-Health Staff	53.50
Totals	114.60

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
39.0%	20.7%	40.1%	0.1%	0.0%	100.0%		0.0%
2,199,960	1,166,539	2,261,808	7,653	0	5,635,960	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

Administrator
Robert Ritz

Contact Person and Telephone
Kathleen Kraft
217-544-6464 Ext 46218

Date Completed
5/5/2008

Registered Agent Information
Leo Lenn, Corporate Treasurer -HSHS
PO Box 19456 samgamon Avenue

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
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	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	78	37	36	37	23	55	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	78	37	36	37	23	55	37	37

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	29
Total Admissions 2007	876
Total Discharges 2007	882
Residents on 12/31/2007	23

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8091	59.9%	369	2.7%	1633	10093	35.5%	74.7%
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	8091	59.9%	369	2.7%	1633	10093	35.5%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	0	2	0	0	0	0	0	0	0	2	2
85+	5	1	0	0	0	0	0	0	5	1	6
TOTALS	11	12	0	0	0	0	0	0	11	12	23

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

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	5	0	0	23
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
TOTALS	16	2	0	5	0	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	635	600
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	1	0	0	0	1
Total	23	0	0	0	23

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	1	0	0	0	1
Total	23	0	0	0	23

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.90
Certified Aides	7.70
Other Health Staff	5.60
Non-Health Staff	3.40
Totals	41.60

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%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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
Carol Buer

Contact Person and Telephone
Elena Kurth
773-665-6253

Date Completed
4/30/2008

Registered Agent Information
not applicable

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	26	26	26	26	14	12	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	26	26	26	26	14	12	30	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	607
Total Discharges 2007	606
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4794	43.8%	0	0.0%	979	5773	60.8%	60.8%
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	4794	43.8%	0	0.0%	979	5773	60.8%	60.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	5	9	0	0	0	0	0	0	5	9	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6010698
Health Service Area 006 Planning Service Area 602

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	2	0	0	14
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
TOTALS	12	0	0	2	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	641	641
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	14	0	0	0	14
Total	14	0	0	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.10
Physicians	0.50
Director of Nursing	0.50
Registered Nurses	13.00
LPN's	0.80
Certified Aides	13.00
Other Health Staff	3.00
Non-Health Staff	4.00
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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. JOSEPH NURSING HOME
401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID 6008999
Health Service Area 002 Planning Service Area 123

Administrator
Angela Mehlbrech

Contact Person and Telephone
Angela Mehlbrech
309-246-2175

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
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	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	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	24
Developmental Disability	0
Circulatory System	10
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	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	93	93	80	93	63	30	0	93
Skilled Under 22	0	0	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	63	30	0	93

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	78
Total Admissions 2007	23
Total Discharges 2007	38
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	16314	48.1%	9852	26166	77.1%	77.1%
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%
TOTALS	0	0.0%	16314	48.1%	9852	26166	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	4	44	0	0	0	0	0	0	4	44	48
TOTALS	8	55	0	0	0	0	0	0	8	55	63

ST. JOSEPH NURSING HOME
401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID 6008999
Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	39	1	0	23	0	63
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
TOTALS	0	39	1	0	23	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	162
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	38.00
Non-Health Staff	9.00
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%	41.0%	0.0%	0.0%	59.0%	100.0%		0.0%
0	1,273,923	0	0	1,835,345	3,109,269	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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. Mary Fisher

Contact Person and Telephone
Sr. Maureen Weiss
847-358-5700

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	24
Developmental Disability	0
Circulatory System	10
Respiratory System	7
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	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	58	2	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	7	7	5	2		
TOTAL BEDS	67	67	67	67	63	4	0	51

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	65
Total Admissions 2007	11
Total Discharges 2007	13
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	18991	102.0%	2221	21212	96.9%	96.9%
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					2112	2112	82.7%	82.7%
TOTALS	0	0.0%	18991	102.0%	4333	23324	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	13	0	0	0	0	0	1	1	14	15
85+	5	36	0	0	0	0	0	4	5	40	45
TOTALS	8	50	0	0	0	0	0	5	8	55	63

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	52	0	0	6	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			1	0	4	0	5
TOTALS	0	52	1	0	10	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	35	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	1	0	0	0	1
White	56	0	0	5	61
Race Unknown	0	0	0	0	0
Total	58	0	0	5	63

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	5	63
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	5	63

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	32.00
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%	86.6%	0.0%	0.0%	13.4%	100.0%		0.0%
0	1,848,233	0	0	285,434	2,133,667	0	

ST. JOSEPH'S HOME OF SPRINGFIELD
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167

Administrator
SR. JUDITH MORRIS

Contact Person and Telephone
DEE HARTLEY
217-529-5596

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	5
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	19
Developmental Disability	0
Circulatory System	26
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	65	65	63	65	59	6	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	41	41	30	37	29	12		
TOTAL BEDS	106	106	93	102	88	18	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	88
Total Admissions 2007	50
Total Discharges 2007	50
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	22159	22159	93.4%	93.4%
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					10793	10793	72.1%	72.1%
TOTALS	0	0.0%	0	0.0%	32952	32952	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	3	3
75 to 84	7	11	0	0	0	0	2	5	9	16	25
85+	10	29	0	0	0	0	3	18	13	47	60
TOTALS	17	42	0	0	0	0	5	24	22	66	88

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. JOSEPH'S HOME OF SPRINGFIELD
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	59	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	0	0	0	0	88	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	89	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	29	88
Race Unknown	0	0	0	0	0
Total	59	0	0	29	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	29	88
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	29	88

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	31.00
Other Health Staff	0.00
Non-Health Staff	38.00
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%	0.0%	0.3%	0.0%	99.7%	100.0%		6.1%
0	0	12,700	0	3,951,062	3,963,762	241,236	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6010748
Health Service Area 011 Planning Service Area 119

Administrator
Claudio D. Fort

Contact Person and Telephone
Jim Johnson
618-651-2525

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
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	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	30	16	30	14	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	30	30	16	30	14	16	20	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	11
Total Admissions 2007	70
Total Discharges 2007	67
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1	0.0%	0	0.0%	13	14	0.1%	0.1%
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%
TOTALS	1	0.0%	0	0.0%	13	14	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	1	0	0	0	0	0	0	2	1	3
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	4	10	0	0	0	0	0	0	4	10	14

ST. JOSEPH'S HOSPITAL
1515 MAIN STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6010748
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	1	0	0	0	13	0	14
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
TOTALS	1	0	0	0	13	0	14

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	4.00
Other Health Staff	1.00
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	

St. Joseph's Village of Chicago
4021 West Belmont Avenue
CHICAGO, IL. 60641

Reference Numbers Facility ID 6008957
Health Service Area 006 Planning Service Area 601

Administrator
Gary Mellman

Contact Person and Telephone
Gary Mellman
(773) 328-5501

Date Completed
5/2/2008

Registered Agent Information
CT Corporation
208 S. LaSalle Street Suite 814

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	7
Blood Disorders	6
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	54	54	54	54	53	1	27	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	54	54	54	54	53	1	27	2

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	52
Total Admissions 2007	76
Total Discharges 2007	75
Residents on 12/31/2007	53

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3744	38.0%	3055	418.5%	12778	19577	99.3%	99.3%
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%
TOTALS	3744	38.0%	3055	418.5%	12778	19577	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	11	42	0	0	0	0	0	0	11	42	53

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

St. Joseph's Village of Chicago
4021 West Belmont Avenue
CHICAGO, IL. 60641

Reference Numbers Facility ID 6008957
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	11	0	0	31	0	53
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
TOTALS	11	11	0	0	31	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	226
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.60
LPN's	7.70
Certified Aides	20.54
Other Health Staff	0.00
Non-Health Staff	39.16
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
36.7%	8.2%	0.0%	1.4%	53.8%	100.0%		0.0%
1,786,170	399,813	0	67,484	2,619,519	4,872,986	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. MARGARET'S HOSPITAL
600 EAST FIRST STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6011316
Health Service Area 002 Planning Service Area 011

Administrator
Timothy A. Muntz

Contact Person and Telephone
Donald N. Troglio
815-664-1582

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	33	27	17	27	13	20	33	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	33	27	17	27	13	20	33	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	12
Total Admissions 2007	404
Total Discharges 2007	403
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2888	24.0%	0	0.0%	1086	3974	33.0%	40.3%
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%
TOTALS	2888	24.0%	0	0.0%	1086	3974	33.0%	40.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	4	9	0	0	0	0	0	0	4	9	13

ST. MARGARET'S HOSPITAL
600 EAST FIRST STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6011316
Health Service Area 002 Planning Service Area 011

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	0	1	0	13
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
TOTALS	12	0	0	0	1	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	370
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	12.20
LPN's	1.99
Certified Aides	7.15
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	22.64

NET REVENUE BY PAYOR SOURCE (Fiscal 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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 Stumpf-Wilmot

Contact Person and Telephone
Bridget Stumpf-Wilmot
773-784-2300

Date Completed
5/5/2008

Registered Agent Information
Peter O'Brien
1520 N. Wells Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	3
*Nervous System Non Alzheimer	26
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	5
Circulatory System	34
Respiratory System	6
Digestive System	12
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	132	132	126	132	120	12	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	126	132	120	12	0	132

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	122
Total Admissions 2007	30
Total Discharges 2007	32
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	43800	90.9%	0	43800	90.9%	90.9%
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	0	0.0%	43800	90.9%	0	43800	90.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	6	5	11
45 to 59	20	11	0	0	0	0	0	0	20	11	31
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	14	13	0	0	0	0	0	0	14	13	27
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	63	57	0	0	0	0	0	0	63	57	120

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

St. Martha's Manor
4621 North Racine Avenue
CHICAGO, IL. 60640

Reference Numbers Facility ID 6009013
Health Service Area 006 Planning Service Area 601

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	0	0	120
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
TOTALS	0	120	0	0	0	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	18.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	61.00
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
0.0%	99.7%	0.0%	0.0%	0.3%	100.0%		0.0%
0	5,151,417	0	0	13,157	5,164,574	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. MARY'S EXTENDED CARE FACILITY
111 SPRING STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6011670
Health Service Area 002 Planning Service Area 099

Administrator
Paulette Simmons

Contact Person and Telephone
Nancy Hayes
815-673-4500

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	30	30	25	30	18	12	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	25	30	18	12	30	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	582
Total Discharges 2007	580
Residents on 12/31/2007	18

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6187	56.5%	0	0.0%	264	6451	58.9%	58.9%
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	6187	56.5%	0	0.0%	264	6451	58.9%	58.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	5	13	0	0	0	0	0	0	5	13	18

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. MARY'S EXTENDED CARE FACILITY
111 SPRING STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6011670
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	1	0	0	18
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
TOTALS	17	0	0	1	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	18	0	0	0	18
Total	18	0	0	0	18

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.30
LPN's	5.20
Certified Aides	10.00
Other Health Staff	7.00
Non-Health Staff	3.00
Totals	33.50

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%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62525

Reference Numbers Facility ID 6009047
Health Service Area 004 Planning Service Area 115

Administrator
Kevin Kast

Contact Person and Telephone
Mary Jane Schroeder
217-464-2895

Date Completed
4/30/2008

Registered Agent Information
Hospital Sisters Health Systems

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	50	40	31	15	15	35	44	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	50	40	31	15	15	35	44	4

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	23
Total Admissions 2007	416
Total Discharges 2007	424
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6233	38.8%	91	6.2%	941	7265	39.8%	49.8%
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	6233	38.8%	91	6.2%	941	7265	39.8%	49.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	6	1	0	0	0	0	0	0	6	1	7
TOTALS	10	5	0	0	0	0	0	0	10	5	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62525

Reference Numbers Facility ID 6009047
Health Service Area 004 Planning Service Area 115

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	0	0	1	0	0	15
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
TOTALS	14	0	0	1	0	0	15

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	15	0	0	0	15

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	6.70
LPN's	0.00
Certified Aides	9.40
Other Health Staff	9.50
Non-Health Staff	2.00
Totals	30.10

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. MARY'S SQUARE
239 SOUTH CHERRY
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009039
Health Service Area 002 Planning Service Area 095

Administrator
Bobby Dillard

Contact Person and Telephone
Bobby Dillard
309 343 4101

Date Completed
5/6/2008

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	214
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	214

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	255	225	216	225	214	41		255
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	255	225	216	225	214	41	0	255

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	213
Total Admissions 2007	18
Total Discharges 2007	17
Residents on 12/31/2007	214

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			77592	83.4%	365	77957	83.8%	94.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	77592	83.4%	365	77957	83.8%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	31	26	0	0	31	26	57
45 to 59	0	0	0	0	46	39	0	0	46	39	85
60 to 64	0	0	0	0	14	12	0	0	14	12	26
65 to 74	0	0	0	0	24	7	0	0	24	7	31
75 to 84	0	0	0	0	7	7	0	0	7	7	14
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	122	92	0	0	122	92	214

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ST. MARY'S SQUARE
239 SOUTH CHERRY
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009039
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		213	0	0	1	0	214
Sheltered Care			0	0	0	0	0
TOTALS	0	213	0	0	1	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	1	0	1
Black	0	0	30	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	181	0	181
Race Unknown	0	0	0	0	0
Total	0	0	214	0	214

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	212	0	212
Ethnicity Unknown	0	0	0	0	0
Total	0	0	214	0	214

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	18.60
Certified Aides	102.40
Other Health Staff	28.70
Non-Health Staff	60.00
Totals	214.70

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%	85.6%	0.0%	0.0%	14.4%	100.0%		0.0%
0	8,057,416	0	0	1,354,871	9,412,288	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Trina Springs-Rehder

Contact Person and Telephone
Trina Springs-Rehder
847-825-5531

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	8
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	27
Injuries and Poisonings	4
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	128

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	128	140	128	12	43	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	140	140	128	140	128	12	43	53

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	128
Total Admissions 2007	318
Total Discharges 2007	318
Residents on 12/31/2007	128

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5889	37.5%	13500	69.8%	27728	47117	92.2%	92.2%
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%
TOTALS	5889	37.5%	13500	69.8%	27728	47117	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	13	24	0	0	0	0	0	0	13	24	37
85+	12	70	0	0	0	0	0	0	12	70	82
TOTALS	30	98	0	0	0	0	0	0	30	98	128

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	37	2	3	64	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
TOTALS	22	37	2	3	64	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	218
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	2	0	0	0	2
Total	128	0	0	0	128

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	7.00
Certified Aides	74.00
Other Health Staff	0.00
Non-Health Staff	64.00
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
25.4%	15.0%	0.0%	1.1%	58.6%	100.0%		0.4%
2,430,102	1,432,516	0	102,875	5,607,162	9,572,655	41,520	

FACILITY NOTES

Bed Change	9/19/2007	Discontinued 26 Nursing Care beds; facility now authorized for 140 Nursing Care beds.

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
5/2/2008

Registered Agent Information
Sister Jeanne F. Haley
1400 Brookdale Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	18
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	77
Mental Illness	31
Developmental Disability	0
Circulatory System	38
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	11
TOTALS	203

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	208	208	204	208	201	7	10	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	2	2	2	2	0		
TOTAL BEDS	210	210	206	210	203	7	10	168

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	203
Total Admissions 2007	167
Total Discharges 2007	167
Residents on 12/31/2007	203

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3129	85.7%	36312	59.2%	32933	72374	95.3%	95.3%
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					685	685	93.8%	93.8%
TOTALS	3129	85.7%	36312	59.2%	33618	73059	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	6	42	0	0	0	0	0	1	6	43	49
85+	22	122	0	0	0	0	0	1	22	123	145
TOTALS	30	171	0	0	0	0	0	2	30	173	203

St. Patrick's Residence
1400 Brookdale Road
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6011910
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	100	0	0	90	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	11	100	0	0	92	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	194	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	201	0	0	2	203
Race Unknown	0	0	0	0	0
Total	201	0	0	2	203

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	199	0	0	2	201
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	2	203

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.56
LPN's	17.56
Certified Aides	74.50
Other Health Staff	5.30
Non-Health Staff	93.02
Totals	214.94

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
11.0%	32.5%	0.0%	0.1%	56.4%	100.0%		0.1%
1,358,822	4,023,815	0	18,149	6,992,455	12,393,241	15,038	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lee Bohannon-Smith

Contact Person and Telephone
Lee Bohannon-Smith
618-233-2095

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	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	12
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	12
Developmental Disability	1
Circulatory System	26
Respiratory System	22
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	13
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	113	109	103	109	103	10	0	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	62	38	20	38	13	49		
TOTAL BEDS	175	147	123	147	116	59	0	113

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	117
Total Admissions 2007	80
Total Discharges 2007	81
Residents on 12/31/2007	116

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	24051	58.3%	13142	37193	90.2%	93.5%
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					5948	5948	26.3%	42.9%
TOTALS	0	0.0%	24051	58.3%	19090	43141	67.5%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	4	0	0	0	0	1	0	3	4	7
75 to 84	4	24	0	0	0	0	0	3	4	27	31
85+	8	59	0	0	0	0	1	8	9	67	76
TOTALS	15	88	0	0	0	0	2	11	17	99	116

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. PAUL'S HOME
1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	60	0	0	43	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			2	0	11	0	13
TOTALS	0	60	2	0	54	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	70	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	13	109
Race Unknown	0	0	0	0	0
Total	103	0	0	13	116

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	101	0	0	13	114
Total	103	0	0	13	116

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	40.00
Other Health Staff	0.00
Non-Health Staff	53.00
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
0.0%	49.3%	0.0%	0.0%	50.7%	100.0%		0.0%
0	2,026,642	0	0	2,086,572	4,113,214	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. PAUL'S HOUSE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID 6009112
Health Service Area 006 Planning Service Area 601

Administrator
Mary Grondin

Contact Person and Telephone
Mary Grondin
773-478-4222

Date Completed
5/1/2008

Registered Agent Information
Roger W. Paulsberg, CEO
Lutheran Life Communities, 800 West Oakton Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	110	110	75	110	64	46	51	36
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	68	68	40	68	34	34		
TOTAL BEDS	178	178	115	178	98	80	51	36

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	99
Total Admissions 2007	143
Total Discharges 2007	144
Residents on 12/31/2007	98

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5221	28.0%	8961	68.2%	9459	23641	58.9%	58.9%
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					13742	13742	55.4%	55.4%
TOTALS	5221	28.0%	8961	68.2%	23201	37383	57.5%	57.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	1	1	1	6	7
75 to 84	5	11	0	0	0	0	3	7	8	18	26
85+	6	36	0	0	0	0	5	17	11	53	64
TOTALS	11	53	0	0	0	0	9	25	20	78	98

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

ST. PAUL'S HOUSE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID 6009112
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	26	2	0	20	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	33	1	34
TOTALS	16	26	2	0	53	1	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	2347	3097

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	34	97
Race Unknown	0	0	0	0	0
Total	64	0	0	34	98

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	62	0	0	34	96
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	34	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.65
LPN's	5.33
Certified Aides	31.60
Other Health Staff	6.00
Non-Health Staff	51.57
Totals	105.15

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
37.6%	16.0%	0.0%	0.0%	46.4%	100.0%		0.6%
2,432,428	1,037,070	0	0	3,001,683	6,471,181	41,385	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Brenda Whatley

Contact Person and Telephone
Brenda Whatley
217-224-3780

Date Completed
4/3/2008

Registered Agent Information
Herman Bodewes
One West Old State Capital Plaza Suite 600

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	8
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	1
Circulatory System	24
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	77	99	70	29	53	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	77	99	70	29	53	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	96
Total Discharges 2007	96
Residents on 12/31/2007	70

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2339	12.1%	12218	33.8%	10271	24828	68.7%	68.7%
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	2339	12.1%	12218	33.8%	10271	24828	68.7%	68.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	18	0	0	0	0	0	0	5	18	23
85+	5	38	0	0	0	0	0	0	5	38	43
TOTALS	11	59	0	0	0	0	0	0	11	59	70

ST. VINCENT'S HOME
1440 NORTH 10TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6005466
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	38	0	0	26	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
TOTALS	6	38	0	0	26	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	20.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	29.00
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
18.1%	32.3%	5.3%	3.3%	41.0%	100.0%		0.0%
620,539	1,107,459	183,182	111,629	1,405,173	3,427,982	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700
Health Service Area 009 Planning Service Area 091

Administrator
Sarah Simons

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	6
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	6

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2190	100.0%	0	2190	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700
Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	193
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.34
Other Health Staff	0.40
Non-Health Staff	1.02
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%	98.3%	0.0%	0.0%	1.7%	100.0%		0.0%
0	340,181	0	0	5,790	345,971	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Stearns Nrsg & Rehab Ctr 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
5/5/2008

Registered Agent Information
IL Corp Service Company
801 Adlai Stevenson Drive

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Blood Disorders	7
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	23
Developmental Disability	11
Circulatory System	3
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	16
Other Medical Conditions	5
Non-Medical Conditions	3
TOTALS	112

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	122	112	122	112	10	122	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	112	122	112	10	122	122

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	107
Total Admissions 2007	166
Total Discharges 2007	161
Residents on 12/31/2007	112

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4672	10.5%	26394	59.3%	8290	39356	88.4%	88.4%
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%
TOTALS	4672	10.5%	26394	59.3%	8290	39356	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	3	6	9
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	30	82	0	0	0	0	0	0	30	82	112

Stearns Nrsg & Rehab Ctr LLC
3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6010441
Health Service Area 011 Planning Service Area 119

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	74	0	10	18	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
TOTALS	10	74	0	10	18	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	17.00
Certified Aides	35.00
Other Health Staff	15.00
Non-Health Staff	18.00
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
30.3%	44.8%	4.1%	0.8%	19.9%	100.0%		0.0%
887,828	1,312,897	120,281	24,885	582,675	2,928,566	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
Health Service Area 001 Planning Service Area 177

Administrator
Darnell Fortney

Contact Person and Telephone
Penny Smith
815-235-6173

Date Completed
5/20/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	29
Mental Illness	6
Developmental Disability	0
Circulatory System	36
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	112

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	162	160	133	150	112	50	44	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	162	160	133	150	112	50	44	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	132
Total Admissions 2007	66
Total Discharges 2007	86
Residents on 12/31/2007	112

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2162	13.5%	31135	72.3%	12207	45504	77.0%	77.9%
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	2162	13.5%	31135	72.3%	12207	45504	77.0%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	7	44	0	0	0	0	0	0	7	44	51
TOTALS	36	76	0	0	0	0	0	0	36	76	112

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	88	3	0	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
TOTALS	5	88	3	0	16	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	14.00
Certified Aides	61.00
Other Health Staff	3.00
Non-Health Staff	14.00
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
12.2%	55.6%	1.7%	0.0%	30.5%	100.0%		0.0%
681,829	3,114,238	96,033	0	1,704,845	5,596,945	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	119	118	119	84	37	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	119	118	119	84	37	121	121

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	90
Total Admissions 2007	115
Total Discharges 2007	121
Residents on 12/31/2007	84

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4180	9.5%	15975	36.2%	11745	31900	72.2%	73.4%
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%
TOTALS	4180	9.5%	15975	36.2%	11745	31900	72.2%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	3	22	0	0	0	0	0	0	3	22	25
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	12	72	0	0	0	0	0	0	12	72	84

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

STERLING PAVILION
105 EAST 23RD STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6009179
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	40	0	0	29	0	84
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
TOTALS	15	40	0	0	29	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	3.00
Non-Health Staff	29.00
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
29.7%	36.8%	0.0%	0.0%	33.5%	100.0%		0.0%
1,258,716	1,559,160	0	0	1,419,994	4,237,870	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177
Health Service Area 001 Planning Service Area 195

Administrator
Myra Chattic

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/29/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5465	93.6%	0	5465	93.6%	93.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5465	93.6%	0	5465	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	0	0	0	2	2
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	2	12	0	0	2	12	14

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.29
LPN's	0.00
Certified Aides	6.30
Other Health Staff	0.70
Non-Health Staff	1.58
Totals	9.12

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
0.0%	89.7%	0.0%	0.0%	10.3%	100.0%		0.0%
0	629,206	0	0	72,174	701,381	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5212	89.2%	70	5282	90.4%	90.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5212	89.2%	70	5282	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	3	0	0	4	3	7
60 to 64	0	0	0	0	2	2	0	0	2	2	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	8	8	0	0	8	8	16

STEVENS HOUSE
2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6008478
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.70
Other Health Staff	0.65
Non-Health Staff	2.75
Totals	4.35

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
0.0%	82.8%	0.0%	0.0%	17.2%	100.0%		0.0%
0	545,844	0	0	113,072	658,916	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6010870
Health Service Area 001 Planning Service Area 141

Administrator

Contact Person and Telephone

815-625-4444

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5499	94.2%	0	5499	94.2%	94.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5499	94.2%	0	5499	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	7	2	0	0	7	2	9
60 to 64	0	0	0	0	0	4	0	0	0	4	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	7	8	0	0	7	8	15

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6010870
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	6.56
Other Health Staff	0.88
Non-Health Staff	1.71
Totals	9.40

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%	84.4%	0.0%	0.0%	15.6%	100.0%		0.0%
0	545,471	0	0	100,536	646,008	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6012892
Health Service Area 001 Planning Service Area 195

Administrator

Contact Person and Telephone
ANNE DUNBAR
815-537-5358

Date Completed
4/30/2008

Registered Agent Information
Mr. Paul Osborn
701 East Third Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5707	97.7%	0	5707	97.7%	97.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5707	97.7%	0	5707	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	0	0	5	7	12
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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6012892
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	181
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.50
Other Health Staff	3.00
Non-Health Staff	5.00
Totals	22.75

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%	99.9%	0.0%	0.0%	0.1%	100.0%		0.0%
0	1,084,375	0	0	1,024	1,085,399	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272
Health Service Area 005 Planning Service Area 059

Administrator
Tonya Lindsey

Contact Person and Telephone
Beth Quick
618-244-7701

Date Completed
4/23/2008

Registered Agent Information
Steven K. Quick
2025B Broadway, P. O. Box 705

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5722	98.0%	0	5722	98.0%	98.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5722	98.0%	0	5722	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272
Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	124	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.50
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	13.45

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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	703,392	0	0	0	703,392	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUGAR CREEK CARE CENTER
900 NORTH MARKET STREET
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009773
Health Service Area 004 Planning Service Area 075

Administrator
Paula Deddo

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/2/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	7
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	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	45	33	45	29	47	13	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	45	33	45	29	47	13	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	21
Total Admissions 2007	20
Total Discharges 2007	12
Residents on 12/31/2007	29

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1856	39.1%	5984	21.6%	1955	9795	35.3%	59.6%
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%
TOTALS	1856	39.1%	5984	21.6%	1955	9795	35.3%	59.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	7	22	0	0	0	0	0	0	7	22	29

SUGAR CREEK CARE CENTER
900 NORTH MARKET STREET
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009773
Health Service Area 004 Planning Service Area 075

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	5	0	29
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
TOTALS	7	17	0	0	5	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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
42.0%	41.7%	0.0%	0.9%	15.4%	100.0%		0.0%
566,229	561,711	0	12,208	206,903	1,347,051	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
815-673-1182

Date Completed
4/20/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4932	84.5%	0	4932	84.5%	84.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4932	84.5%	0	4932	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	6	6	12
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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SULLIVAN HOUSE
600 EAST GROVER
OTTAWA, IL. 61350

Reference Numbers Facility ID 6009229
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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%		0.0%
0	524,369	0	0	0	524,369	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SULLIVAN REHAB & HEALTH CARE CENTER
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211
Health Service Area 004 Planning Service Area 139

Administrator
Greg Wilson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	13
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	2
Circulatory System	12
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	90	85	90	75	48	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	90	85	90	75	48	123	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	74
Total Admissions 2007	84
Total Discharges 2007	83
Residents on 12/31/2007	75

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2996	6.7%	18359	40.9%	7929	29284	65.2%	89.1%
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%
TOTALS	2996	6.7%	18359	40.9%	7929	29284	65.2%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	22	53	0	0	0	0	0	0	22	53	75

SULLIVAN REHAB & HEALTH CARE CENTER
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211
Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	48	0	0	20	0	75
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
TOTALS	7	48	0	0	20	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	4.00
Non-Health Staff	17.00
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
27.3%	49.1%	0.0%	0.7%	22.9%	100.0%		0.0%
1,015,694	1,824,220	0	27,789	850,597	3,718,300	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Lester E. Robertson Jr.

Contact Person and Telephone
Lester Robertson
217-632-2334

Date Completed
4/15/2008

Registered Agent Information
Barb Kyes / Gene Tressler
Menard County Courthouse

FACILITY OWNERSHIP
COUNTY

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	15
Blood Disorders	0
*Nervous System Non Alzheimer	38
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	106	106	103	106	101	5	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	103	106	101	5	0	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	116
Total Discharges 2007	106
Residents on 12/31/2007	101

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2498	0.0%	20903	54.0%	11798	35199	91.0%	91.0%
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	2498	0.0%	20903	54.0%	11798	35199	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	15	20	0	0	0	0	0	0	15	20	35
85+	12	46	0	0	0	0	0	0	12	46	58
TOTALS	31	70	0	0	0	0	0	0	31	70	101

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6009245
Health Service Area 003 Planning Service Area 129

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	56	0	0	37	0	101
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
TOTALS	8	56	0	0	37	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	2.00
Non-Health Staff	54.00
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
20.8%	50.4%	0.0%	0.0%	28.8%	100.0%		0.0%
1,067,922	2,581,004	0	0	1,475,821	5,124,747	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUNNY HILL NURSING HOME of 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
ELLEN GERARD
815-727-8710 x8777

Date Completed
4/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	14
Mental Illness	12
Developmental Disability	1
Circulatory System	60
Respiratory System	19
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	215

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	238	218	238	215	85	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	238	218	238	215	85	300	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	203
Total Admissions 2007	158
Total Discharges 2007	146
Residents on 12/31/2007	215

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6697	6.1%	52187	47.7%	14799	73683	67.3%	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	6697	6.1%	52187	47.7%	14799	73683	67.3%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	6	0	0	0	0	0	0	2	6	8
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	9	46	0	0	0	0	0	0	9	46	55
85+	28	95	0	0	0	0	0	0	28	95	123
TOTALS	51	164	0	0	0	0	0	0	51	164	215

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUNNY HILL NURSING HOME of WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID 6009252
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	155	0	0	45	0	215
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
TOTALS	15	155	0	0	45	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	4	0	0	0	4
Total	215	0	0	0	215

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	211	0	0	0	211
Ethnicity Unknown	0	0	0	0	0
Total	215	0	0	0	215

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	30.00
Certified Aides	100.00
Other Health Staff	7.00
Non-Health Staff	83.00
Totals	241.00

NET REVENUE BY PAYOR 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%	49.8%	13.7%	0.8%	14.6%	100.0%		0.0%
2,623,801	6,179,228	1,703,676	98,185	1,811,820	12,416,710	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUNRISE MANOR OF VIRDEN
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
Joyce Brown
217-965-4715

Date Completed
5/8/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	61

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	90	64	90	61	38	25	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	64	90	61	38	25	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	64
Total Admissions 2007	35
Total Discharges 2007	38
Residents on 12/31/2007	61

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3302	36.2%	10089	27.9%	6587	19978	55.3%	60.8%
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	3302	36.2%	10089	27.9%	6587	19978	55.3%	60.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	20	41	0	0	0	0	0	0	20	41	61

SUNRISE MANOR OF VIRDEN
333 SOUTH WRIGHTSMAN STREET
VIRDEN, IL. 62690

Reference Numbers Facility ID 6009294
Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	29	0	0	19	0	61
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
TOTALS	13	29	0	0	19	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Non-Health Staff	22.00
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
41.6%	30.4%	0.0%	0.0%	28.0%	100.0%		0.0%
1,204,914	879,973	0	0	809,861	2,894,748	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302
Health Service Area 003 Planning Service Area 001

Administrator
Christine A Hopson

Contact Person and Telephone
Pamela S. Fessler
217-223-2636

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	19
Mental Illness	29
Developmental Disability	0
Circulatory System	34
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	127

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	171	171	147	154	127	44	19	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	147	154	127	44	19	171

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	147
Total Admissions 2007	145
Total Discharges 2007	165
Residents on 12/31/2007	127

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4619	66.6%	25607	41.0%	19328	49554	79.4%	79.4%
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%
TOTALS	4619	66.6%	25607	41.0%	19328	49554	79.4%	79.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	8	0	0	0	0	0	0	1	8	9
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	16	61	0	0	0	0	0	0	16	61	77
TOTALS	29	98	0	0	0	0	0	0	29	98	127

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	56	0	16	41	0	127
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
TOTALS	14	56	0	16	41	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	1	0	0	0	1
Total	127	0	0	0	127

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.43
LPN's	32.12
Certified Aides	65.09
Other Health Staff	1.00
Non-Health Staff	70.13
Totals	183.77

NET REVENUE BY PAYOR 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%	34.0%	0.0%	4.9%	49.0%	100.0%		0.0%
807,667	2,295,154	0	333,218	3,304,528	6,740,567	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Margaret Ferris

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/30/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	32
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	115	115	115	115	103	12	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	115	115	103	12	25	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	107
Total Admissions 2007	101
Total Discharges 2007	105
Residents on 12/31/2007	103

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3414	37.4%	25921	61.8%	9186	38521	91.8%	91.8%
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	3414	37.4%	25921	61.8%	9186	38521	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	5	32	0	0	0	0	0	0	5	32	37
85+	6	36	0	0	0	0	0	0	6	36	42
TOTALS	20	83	0	0	0	0	0	0	20	83	103

SUNSET REHABILITATION & HEALTH CARE
129 SOUTH 1ST AVENUE
CANTON, IL. 61520

Reference Numbers Facility ID 6009328
Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	76	0	0	23	0	103
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
TOTALS	4	76	0	0	23	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	46.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
27.1%	47.1%	0.0%	0.0%	25.8%	100.0%		0.0%
1,264,924	2,199,091	0	0	1,203,634	4,667,649	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6011860
Health Service Area 005 Planning Service Area 081

Administrator
Tonya Lindsey

Contact Person and Telephone
Beth Quick
618-244-7701

Date Completed
4/23/2008

Registered Agent Information
Steven K. Quick
2025B Broadway, P. O. Box 705

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5757	98.6%	0	5757	98.6%	98.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5757	98.6%	0	5757	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	2	5	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	0	2	0	0	0	2	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	6	10	0	0	6	10	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6011860
Health Service Area 005 Planning Service Area 081

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		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	10.45

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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	610,286	0	0	0	610,286	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6001622
Health Service Area 004 Planning Service Area 019

Administrator
Kathleen Baker

Contact Person and Telephone
Kym Halberstadt
217-356-5164

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	115
Circulatory System	0
Respiratory System	0
Digestive System	0
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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	123	123	115	123	115	8		123
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	115	123	115	8	0	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	110
Total Admissions 2007	10
Total Discharges 2007	5
Residents on 12/31/2007	115

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			37075	82.6%	365	37440	83.4%	83.4%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	37075	82.6%	365	37440	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	18	9	0	0	0	0	18	9	27
18 to 44	0	0	39	31	0	0	0	0	39	31	70
45 to 59	0	0	5	4	0	0	0	0	5	4	9
60 to 64	0	0	1	2	0	0	0	0	1	2	3
65 to 74	0	0	3	2	0	0	0	0	3	2	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	1	0	0	0	0	0	1	1
TOTALS	0	0	66	49	0	0	0	0	66	49	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6001622
Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	114	0	0	1	0	115
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	114	0	0	1	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	164
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	5	0	0	5
Amer. Indian	0	0	0	0	0
Black	0	21	0	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	89	0	0	89
Race Unknown	0	0	0	0	0
Total	0	115	0	0	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	112	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	0	115	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	3.00
Certified Aides	59.00
Other Health Staff	4.00
Non-Health Staff	68.00
Totals	155.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	73.6%	25.2%	0.0%	1.2%	100.0%		0.3%
0	6,882,150	2,356,989	0	116,000	9,355,139	29,302	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Jessica F. Fritz

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	6
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	66	94	65	29	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	66	94	65	29	94	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	138
Total Discharges 2007	143
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2928	8.5%	17764	51.8%	3310	24002	70.0%	70.0%
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	2928	8.5%	17764	51.8%	3310	24002	70.0%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	4	0	0	0	0	0	0	3	4	7
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	24	41	0	0	0	0	0	0	24	41	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

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	6	0	65
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
TOTALS	7	52	0	0	6	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	10.00
Non-Health Staff	1.00
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
38.7%	48.0%	0.0%	0.0%	13.2%	100.0%		0.0%
1,150,972	1,426,920	0	0	393,063	2,970,955	0	

FACILITY NOTES

Name Change	3/15/2007	Name changed from Swansea Care Center.

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA
CHICAGO, IL. 60625

Reference Numbers Facility ID 6010649
Health Service Area 006 Planning Service Area 601

Administrator
Mary Shehan

Contact Person and Telephone
Denice Tudor
773-989-3813

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	0
Endocrine/Metabolic	2
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	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	46	30	26	30	14	32	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	30	26	30	14	32	46	46

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1010
Total Discharges 2007	1010
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6471	38.5%	15	0.1%	1331	7817	46.6%	71.4%
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%
TOTALS	6471	38.5%	15	0.1%	1331	7817	46.6%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	3	11	0	0	0	0	0	0	3	11	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA
CHICAGO, IL. 60625

Reference Numbers Facility ID 6010649
Health Service Area 006 Planning Service Area 601

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	0	0	0	0	0	14
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
TOTALS	14	0	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	720	720
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.10
LPN's	3.70
Certified Aides	14.30
Other Health Staff	2.00
Non-Health Staff	3.80
Totals	38.90

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	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

SYCAMORE
720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007678
Health Service Area 003 Planning Service Area 001

Administrator
Viola Huskey

Contact Person and Telephone
Denise Blackledge
217-222-1480

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	14
Mental Illness	25
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	205	205	119	205	107	98	18	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	119	205	107	98	18	205

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	113
Total Admissions 2007	110
Total Discharges 2007	116
Residents on 12/31/2007	107

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4968	75.6%	30335	40.5%	5938	41241	55.1%	55.1%
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%
TOTALS	4968	75.6%	30335	40.5%	5938	41241	55.1%	55.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	6	0	0	0	0	0	0	8	6	14
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	9	22	0	0	0	0	0	0	9	22	31
TOTALS	43	64	0	0	0	0	0	0	43	64	107

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

SYCAMORE
720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007678
Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	83	0	0	18	0	107
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
TOTALS	6	83	0	0	18	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	67.00
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
33.0%	50.9%	0.0%	1.2%	14.9%	100.0%		0.0%
1,613,542	2,491,474	0	58,754	730,627	4,894,397	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TABOR HILLS HEALTHCARE FACILITY, INC.
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252
Health Service Area 007 Planning Service Area 703

Administrator
Nancy Rodriguez

Contact Person and Telephone
Gloria Pindiak
630-778-6677

Date Completed
4/23/2008

Registered Agent Information
Walter M. Wlodek
15 Spinning Wheel Road, Suite 416

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	55
Developmental Disability	1
Circulatory System	32
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	30
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	195

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	211	211	205	211	195	16	52	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	205	211	195	16	52	211

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	198
Total Admissions 2007	280
Total Discharges 2007	283
Residents on 12/31/2007	195

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7730	40.7%	23929	31.1%	40680	72339	93.9%	93.9%
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	7730	40.7%	23929	31.1%	40680	72339	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	16	41	0	0	0	0	0	0	16	41	57
85+	18	112	0	0	0	0	0	0	18	112	130
TOTALS	38	157	0	0	0	0	0	0	38	157	195

TABOR HILLS HEALTHCARE FACILITY, INC.
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	65	0	3	106	0	195
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
TOTALS	21	65	0	3	106	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	189	0	0	0	189
Race Unknown	2	0	0	0	2
Total	195	0	0	0	195

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	193	0	0	0	193
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.50
LPN's	10.50
Certified Aides	57.50
Other Health Staff	11.50
Non-Health Staff	77.50
Totals	189.50

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
17.1%	21.7%	0.0%	0.2%	60.9%	100.0%		2.9%
2,309,623	2,930,052	0	33,077	8,217,338	13,490,090	388,119	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621
Health Service Area 008 Planning Service Area 089

Administrator
Mary Ihnenfeld

Contact Person and Telephone
Mary Ihnenfeld
630-859-7650

Date Completed
4/28/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	3	6	0	0	3	6	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	7	9	0	0	7	9	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	591,122	0	0	0	591,122	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695
Health Service Area 001 Planning Service Area 195

Administrator
Shelly A. Reese

Contact Person and Telephone
Shelly Reese RN,C
815-626-0233

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	68
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	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	MEDICAID CERTIFIED
Nursing Care	70	70	70	70	68	2	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	70	70	68	2	0	70

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	11
Total Discharges 2007	10
Residents on 12/31/2007	68

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	23699	92.8%	761	24460	95.7%	95.7%
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	0	0.0%	23699	92.8%	761	24460	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	20	11	0	0	0	0	0	0	20	11	31
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	39	29	0	0	0	0	0	0	39	29	68

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	66	0	0	2	0	68
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
TOTALS	0	66	0	0	2	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

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	0.00
Non-Health Staff	27.00
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%	50.4%	0.0%	0.0%	49.6%	100.0%		0.0%
0	2,027,230	0	0	1,993,716	4,020,946	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985
Health Service Area 004 Planning Service Area 045

Administrator
Jennifer Allsopp

Contact Person and Telephone
Jennifer Allsopp
(217) 260-4755

Date Completed
5/5/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	3
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5265	90.2%	0	5265	90.2%	90.2%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5265	90.2%	0	5265	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985
Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.65
Other Health Staff	0.50
Non-Health Staff	1.85
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%	81.4%	0.0%	0.0%	18.6%	100.0%		0.0%
0	434,910	0	0	99,665	534,575	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6010219
Health Service Area 003 Planning Service Area 167

Administrator
Pam Kadow

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5506	94.3%	269	5775	98.9%	98.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5506	94.3%	269	5775	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	2	0	0	4	2	6
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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	12	4	0	0	12	4	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6010219
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	117	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.32
Certified Aides	6.60
Other Health Staff	0.70
Non-Health Staff	3.20
Totals	11.07

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%	79.9%	0.0%	0.0%	20.1%	100.0%		0.0%
0	509,275	0	0	128,098	637,373	0	

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369
Health Service Area 003 Planning Service Area 021

Administrator
Jill Spurgeon

Contact Person and Telephone
Jill Spurgeon
217-824-9636

Date Completed
5/1/2008

Registered Agent Information
Jerry King
#6 Windswept Dr.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	2
Circulatory System	17
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	98	98	94	98	91	7	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	94	98	91	7	24	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	83
Total Admissions 2007	178
Total Discharges 2007	170
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4203	48.0%	16840	47.1%	9308	30351	84.9%	84.9%
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	4203	48.0%	16840	47.1%	9308	30351	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	16	43	0	0	0	0	0	0	16	43	59
TOTALS	29	62	0	0	0	0	0	0	29	62	91

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	47	0	0	29	0	91
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
TOTALS	15	47	0	0	29	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	2.00
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
32.1%	19.8%	0.0%	6.2%	41.9%	100.0%		0.0%
1,423,046	876,294	0	274,826	1,857,573	4,431,741	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146
Health Service Area 003 Planning Service Area 021

Administrator

Contact Person and Telephone
Cassie Watson
Nurse Manager

Date Completed
5/2/2008

Registered Agent Information
DANIEL J. RAAB
201 E. PLEASANT
TAYLORVILLE, IL 62568

FACILITY OWNERSHIP
OTHER NON-PROFIT

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'

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	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	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	MEDICAID CERTIFIED
Nursing Care	50	20	19	20	12	38	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	50	20	19	20	12	38	20	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	203
Total Discharges 2007	204
Residents on 12/31/2007	12

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3088	42.3%	0	0.0%	1871	4959	27.2%	67.9%
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	3088	42.3%	0	0.0%	1871	4959	27.2%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	3	1	4
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	3	9	0	0	0	0	0	0	3	9	12

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146
Health Service Area 003 Planning Service Area 021

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	1	5	0	12
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
TOTALS	6	0	0	1	5	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	240
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.30
LPN's	5.21
Certified Aides	6.32
Other Health Staff	3.30
Non-Health Staff	0.00
Totals	19.13

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934
Health Service Area 003 Planning Service Area 021

Administrator
John Mirecki

Contact Person and Telephone
Christine Durbin
217-287-7787

Date Completed
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5110	87.5%	0	5110	87.5%	87.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	7	7	0	0	7	7	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	13.00
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%		0.0%
0	62,143	0	0	0	62,143	0	

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736
Health Service Area 005 Planning Service Area 189

Administrator
Mary E. Suedmeyer

Contact Person and Telephone
Mary E. Suedmeyer

Date Completed
4/3/2008

Registered Agent Information
Vince Everson
2020 West War Memorial Drive Suite 103

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5472	93.7%	0	5472	93.7%	93.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5472	93.7%	0	5472	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	3	3	0	0	3	3	6
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736
Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	246	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	12.00
Other Health Staff	0.00
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%		0.0%
0	686,767	0	0	0	686,767	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TERRACE NURSING HOME, The
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
5/2/2008

Registered Agent Information
Avrum Weinfild
6865 N. Lincoln

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	52
Mental Illness	2
Developmental Disability	0
Circulatory System	23
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	115	115	115	115	109	6	65	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	109	6	65	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	111
Total Discharges 2007	113
Residents on 12/31/2007	109

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4448	18.7%	30181	71.9%	6075	40704	97.0%	97.0%
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	4448	18.7%	30181	71.9%	6075	40704	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	3	0	0	0	0	0	0	5	3	8
65 to 74	15	30	0	0	0	0	0	0	15	30	45
75 to 84	7	38	0	0	0	0	0	0	7	38	45
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	32	77	0	0	0	0	0	0	32	77	109

TERRACE NURSING HOME, The
1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6009377
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	82	0	0	18	0	109
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
TOTALS	9	82	0	0	18	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	8	0	0	0	8
Total	109	0	0	0	109

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	1.00
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	42.00
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
29.5%	56.0%	0.0%	0.3%	14.1%	100.0%		0.0%
1,663,427	3,159,905	0	18,339	796,872	5,638,543	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THE ARC OF JACKSONVILLE, LTD.
1320 TENDICK
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004808
Health Service Area 003 Planning Service Area 137

Administrator
DAWN JOB

Contact Person and Telephone

Date Completed
6/4/2008

Registered Agent Information

Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
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	60

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	93	93	78	93	60	33	0	93
Skilled Under 22	0	0	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	78	93	60	33	0	93

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	57
Total Admissions 2007	27
Total Discharges 2007	24
Residents on 12/31/2007	60

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	21189	62.4%	737	21926	64.6%	64.6%
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%
TOTALS	0	0.0%	21189	62.4%	737	21926	64.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	6	0	6
45 to 59	24	18	0	0	0	0	0	0	24	18	42
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	2	0	0	0	0	0	0	4	2	6
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	36	24	0	0	0	0	0	0	36	24	60

THE ARC OF JACKSONVILLE, LTD.
1320 TENDICK
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004808
Health Service Area 003 Planning Service Area 137

RESIDENTS 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	1	0	60
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
TOTALS	0	59	0	0	1	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	11.00
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
0.0%	95.9%	0.0%	0.0%	4.1%	100.0%		0.0%
0	1,541,595	0	0	66,020	1,607,615	0	

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692
Health Service Area 006 Planning Service Area 601

Administrator
Leif Nielsen

Contact Person and Telephone
Michael DaSanBiagio
773-775-7383

Date Completed
4/29/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
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	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
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	27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	17	17	12	12	7	10	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	42	33	20	33	20	22		
TOTAL BEDS	59	50	32	45	27	32	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	22
Total Admissions 2007	10
Total Discharges 2007	5
Residents on 12/31/2007	27

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	2629	2629	42.4%	42.4%
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					6063	6063	39.5%	50.3%
TOTALS	0	0.0%	0	0.0%	8692	8692	40.4%	47.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	6	3	9	12
85+	1	2	0	0	0	0	2	10	3	12	15
TOTALS	2	5	0	0	0	0	4	16	6	21	27

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692
Health Service Area 006 Planning Service Area 601

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	2	5	7
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	14	6	20
TOTALS	0	0	0	0	16	11	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	217
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	162	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	7	0	0	20	27
Race Unknown	0	0	0	0	0
Total	7	0	0	20	27

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	20	27
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	20	27

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	18.00
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	0	0	1,102,420	1,102,420	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THE ELMS (MCDONOUGH CO N H)
1212 MADELYN AVENUE
MACOMB, IL. 61455

Reference Numbers Facility ID 6002836
Health Service Area 002 Planning Service Area 109

Administrator
Charles Ackers

Contact Person and Telephone
Renee Moore
309-837-5482

Date Completed
3/26/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	0
Circulatory System	40
Respiratory System	10
Digestive System	9
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	97
Total Admissions 2007	60
Total Discharges 2007	62
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1491	0.0%	20398	57.0%	13145	35034	97.9%	97.9%
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	1491	0.0%	20398	57.0%	13145	35034	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	4	4
75 to 84	7	28	0	0	0	0	0	0	7	28	35
85+	5	49	0	0	0	0	0	0	5	49	54
TOTALS	12	83	0	0	0	0	0	0	12	83	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

THE ELMS (MCDONOUGH CO N H)
1212 MADELYN AVENUE
MACOMB, IL. 61455

Reference Numbers Facility ID 6002836
Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	52	0	0	36	0	95
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
TOTALS	7	52	0	0	36	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	40.00
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
7.8%	63.6%	0.0%	0.0%	28.6%	100.0%		0.0%
430,458	3,523,062	0	0	1,583,460	5,536,980	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

The Lincoln Home, Inc.
150 NORTH 27TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6005474
Health Service Area 011 Planning Service Area 163

Administrator
Kay Paul Ross

Contact Person and Telephone
Kay Paul Ross
618-235-6600

Date Completed
5/22/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	8
Developmental Disability	4
Circulatory System	28
Respiratory System	12
Digestive System	10
Genitourinary System Disorders	14
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	135

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	152	152	137	152	135	17	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	152	137	152	135	17	62	152

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	125
Total Admissions 2007	271
Total Discharges 2007	261
Residents on 12/31/2007	135

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5750	25.4%	32503	58.6%	8678	46931	84.6%	84.6%
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%
TOTALS	5750	25.4%	32503	58.6%	8678	46931	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	9	1	0	0	0	0	0	0	9	1	10
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	14	31	0	0	0	0	0	0	14	31	45
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	45	90	0	0	0	0	0	0	45	90	135

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

The Lincoln Home, Inc.
150 NORTH 27TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6005474
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	85	0	6	23	0	135
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
TOTALS	21	85	0	6	23	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	1	0	0	0	1
Total	135	0	0	0	135

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

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	50.00
Other Health Staff	0.00
Non-Health Staff	20.00
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
33.2%	45.3%	8.1%	0.0%	13.5%	100.0%		0.0%
2,143,130	2,925,747	523,991	0	870,463	6,463,331	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THE METHODIST HOME
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100
Health Service Area 006 Planning Service Area 601

Administrator
Mary Nelson

Contact Person and Telephone
Mary Nelson
773-769-5500

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	121	119	101	88	88	33	126	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	12	12	12	0		
TOTAL BEDS	133	131	113	100	100	33	126	126

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	179
Total Discharges 2007	170
Residents on 12/31/2007	100

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5757	12.5%	19338	42.0%	9309	34404	77.9%	79.2%
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					2423	2423	55.3%	55.3%
TOTALS	5757	12.5%	19338	42.0%	11732	36827	75.9%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	1	0	7	7
75 to 84	10	17	0	0	0	0	2	3	12	20	32
85+	8	46	0	0	0	0	2	3	10	49	59
TOTALS	19	70	0	0	0	0	4	7	23	77	100

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THE METHODIST HOME
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	47	0	1	29	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	12	0	12
TOTALS	11	47	0	1	41	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	12	85
Race Unknown	2	0	0	0	2
Total	88	0	0	12	100

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	86	0	0	12	98
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	12	100

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	3.00
Certified Aides	45.00
Other Health Staff	6.00
Non-Health Staff	30.00
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
37.7%	30.4%	0.0%	1.2%	30.7%	100.0%		0.4%
2,700,774	2,177,953	0	87,769	2,198,403	7,164,899	30,722	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Mary Fitzgerald

Contact Person and Telephone
Monique Schroeder
847-718-1182

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	25
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	116	116	102	111	100	16	0	9
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	57	57	37	44	37	20		
TOTAL BEDS	173	173	139	155	137	36	0	9

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	127
Total Admissions 2007	658
Total Discharges 2007	648
Residents on 12/31/2007	137

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7794	0.0%	1948	59.3%	26902	36644	86.5%	86.5%
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					11447	11447	55.0%	55.0%
TOTALS	7794	0.0%	1948	59.3%	38349	48091	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	14	0	0	0	0	3	4	6	18	24
85+	16	65	0	0	0	0	6	24	22	89	111
TOTALS	20	80	0	0	0	0	9	28	29	108	137

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	5	0	0	71	0	100
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	37	0	37
TOTALS	24	5	0	0	108	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	214
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	166	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	37	137
Race Unknown	0	0	0	0	0
Total	100	0	0	37	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	37	137
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	37	137

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	42.00
Other Health Staff	7.00
Non-Health Staff	47.00
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
7.7%	2.0%	0.0%	0.0%	90.3%	100.0%		2.0%
1,559,557	405,457	0	0	18,343,116	20,308,130	398,351	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

The Renaissance at Halsted
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958
Health Service Area 006 Planning Service Area 603

Administrator
Theodore L O'Brien

Contact Person and Telephone
Theodore L O'Brien
773-928-2000

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	21
Blood Disorders	10
*Nervous System Non Alzheimer	3
Alzheimer Disease	34
Mental Illness	13
Developmental Disability	1
Circulatory System	74
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	214

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	300	238	300	214	86	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	238	300	214	86	108	300

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	214
Total Admissions 2007	803
Total Discharges 2007	803
Residents on 12/31/2007	214

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7398	18.8%	67317	61.5%	7090	81805	74.7%	74.7%
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	7398	18.8%	67317	61.5%	7090	81805	74.7%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	16	0	0	0	0	0	0	8	16	24
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	23	38	0	0	0	0	0	0	23	38	61
85+	30	50	0	0	0	0	0	0	30	50	80
TOTALS	82	132	0	0	0	0	0	0	82	132	214

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

The Renaissance at Halsted
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958
Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	172	0	8	6	0	214
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
TOTALS	28	172	0	8	6	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	200	0	0	0	200
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	6	0	0	0	6
Total	214	0	0	0	214

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	0	214

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	42.00
Certified Aides	89.00
Other Health Staff	12.00
Non-Health Staff	64.00
Totals	217.00

NET REVENUE BY PAYOR 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%	54.5%	0.0%	0.0%	8.3%	100.0%		0.0%
5,193,446	7,603,531	0	0	1,162,829	13,959,808	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THE RENAISSANCE AT HILLSIDE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

Administrator
John Stare

Contact Person and Telephone
John Stare
708-544-9933

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	12
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	66
Mental Illness	3
Developmental Disability	1
Circulatory System	10
Respiratory System	54
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	178	178	178	178	160	18	178	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	178	178	178	178	160	18	178	148

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	480
Total Discharges 2007	477
Residents on 12/31/2007	160

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10975	16.9%	41832	77.4%	6503	59310	91.3%	91.3%
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%
TOTALS	10975	16.9%	41832	77.4%	6503	59310	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	5	0	0	0	0	0	0	2	5	7
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	53	61	0	0	0	0	0	0	53	61	114
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	66	94	0	0	0	0	0	0	66	94	160

THE RENAISSANCE AT HILLSIDE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	125	0	2	7	0	160
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
TOTALS	26	125	0	2	7	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	134	0	0	0	134
Hawaiian/Pac. Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	53.00
Other Health Staff	5.00
Non-Health Staff	53.00
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
41.3%	47.8%	0.0%	0.0%	10.8%	100.0%		0.0%
5,148,827	5,956,885	0	2,311	1,345,920	12,453,944	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

The Tillers Nursing & Rehab Center, Inc.
BOX 950 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
630-554-1001

Date Completed
4/11/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	89	85	88	75	24	38	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	99	89	85	88	75	24	38	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	79
Total Admissions 2007	176
Total Discharges 2007	180
Residents on 12/31/2007	75

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6578	47.4%	1738	79.4%	21354	29670	82.1%	91.3%
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%
TOTALS	6578	47.4%	1738	79.4%	21354	29670	82.1%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	8	43	0	0	0	0	0	0	8	43	51
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	14	61	0	0	0	0	0	0	14	61	75

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

The Tillers Nursing & Rehab Center, Inc.
BOX 950 ROUTE 71
OSWEGO, IL. 60543

Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	4	0	0	53	0	75
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
TOTALS	18	4	0	0	53	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	199
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	0.00
Non-Health Staff	40.00
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
38.3%	2.2%	0.0%	0.1%	59.3%	100.0%		0.0%
3,116,899	182,696	0	11,447	4,830,343	8,141,385	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
773-338-3300

Date Completed
5/5/2008

Registered Agent Information
Daniel Shabat
7520 Skokie Boulevard

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	41
Developmental Disability	2
Circulatory System	11
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	141	141	122	141	119	22	24	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	141	141	122	141	119	22	24	149

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	116
Total Admissions 2007	83
Total Discharges 2007	80
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1787	20.4%	39030	71.8%	264	41081	79.8%	79.8%
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	1787	20.4%	39030	71.8%	264	41081	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	2	5	7
45 to 59	13	13	0	0	0	0	0	0	13	13	26
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	15	13	0	0	0	0	0	0	15	13	28
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	54	65	0	0	0	0	0	0	54	65	119

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

THE WATERFORD NURSING & REHAB
7445 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6002430
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	114	0	0	1	0	119
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
TOTALS	4	114	0	0	1	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

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	34.00
Other Health Staff	2.00
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
13.2%	84.8%	0.0%	0.0%	2.0%	100.0%		0.0%
641,925	4,114,178	0	0	97,341	4,853,445	0	

FACILITY NOTES

Bed Change	3/15/2007	Discontinued 8 nursing care beds; bed totals now 141 nursing care beds.

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377
Health Service Area 008 Planning Service Area 097

Administrator
Jennifer Bebinger

Contact Person and Telephone
Jennifer Bebinger
847-883-9000

Date Completed
4/7/2008

Registered Agent Information
Mr. Lawrence Freedman
77 West Washington Street, Suite 1211

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	79
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	142	142	142	142	125	17	74	37
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	2	2	2	0	2		
TOTAL BEDS	144	144	144	144	125	19	74	37

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	320
Total Discharges 2007	290
Residents on 12/31/2007	125

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13585	50.3%	2919	21.6%	23191	39695	76.6%	76.6%
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%
TOTALS	13585	50.3%	2919	21.6%	23191	39695	75.5%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	8	0	0	0	0	0	0	2	8	10
75 to 84	18	30	0	0	0	0	0	0	18	30	48
85+	17	43	0	0	0	0	0	0	17	43	60
TOTALS	40	85	0	0	0	0	0	0	40	85	125

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	8	0	3	77	0	125
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
TOTALS	37	8	0	3	77	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	225	188

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	9.00
Certified Aides	76.00
Other Health Staff	31.00
Non-Health Staff	36.00
Totals	170.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
54.7%	2.5%	0.0%	3.8%	39.0%	100.0%		0.0%
6,704,463	312,146	0	465,037	4,776,303	12,257,949	0	

FACILITY NOTES

Bed Change	8/15/2007	Discontinued 10 Sheltered Care beds and added 10 Nursing Care beds; facility now authorized for 142 Nursing Care and 2 Sheltered Care beds.

THE WOODBINE NURSING HOME
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6010110
Health Service Area 007 Planning Service Area 704

Administrator
Niquitta Berry

Contact Person and Telephone
Barak Baver
773-202-0000

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	15
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	2
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	66	55	66	51	15	66	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	66	66	55	66	51	15	66	66

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	80
Total Discharges 2007	83
Residents on 12/31/2007	51

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3298	13.7%	11943	49.6%	2851	18092	75.1%	75.1%
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%
TOTALS	3298	13.7%	11943	49.6%	2851	18092	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	24	0	0	0	0	0	0	7	24	31
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	11	40	0	0	0	0	0	0	11	40	51

THE WOODBINE NURSING HOME
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6010110
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	37	0	0	4	0	51
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
TOTALS	10	37	0	0	4	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	15.00
Non-Health Staff	14.00
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
44.3%	38.7%	0.0%	1.7%	15.3%	100.0%		0.0%
1,375,364	1,199,673	0	51,683	475,384	3,102,104	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
James Haney
(618) 363-2442

Date Completed
5/13/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	1	0	0	0	1	1
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	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

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6010425
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.70
Totals	10.70

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%	79.1%	0.0%	0.0%	20.9%	100.0%		0.0%
0	482,236	0	0	127,549	609,785	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THOMAS H BOYD MEMORIAL HOSP
800 SCHOOL STREET
CARROLLTON, IL. 62016

Reference Numbers Facility ID 6007801
Health Service Area 003 Planning Service Area 061

Administrator
Deborah Campbell

Contact Person and Telephone
Deborah Campbell
217-942-9410

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
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	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	40	40	30	40	17	23	0	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	40	40	30	40	17	23	0	40

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	29
Total Admissions 2007	20
Total Discharges 2007	32
Residents on 12/31/2007	17

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	3367	23.1%	5817	9184	62.9%	62.9%
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	0	0.0%	3367	23.1%	5817	9184	62.9%	62.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	6	11	0	0	0	0	0	0	6	11	17

THOMAS H BOYD MEMORIAL HOSP
800 SCHOOL STREET
CARROLLTON, IL. 62016

Reference Numbers Facility ID 6007801
Health Service Area 003 Planning Service Area 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	4	0	0	13	0	17
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
TOTALS	0	4	0	0	13	0	17

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	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	0.40
LPN's	5.50
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	25.10

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 ext. 310

Date Completed
4/30/2008

Registered Agent Information
Edward J. Whalen
70 W Madison Suite 2150

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	13	0	0	0	13	0	13
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	16	0	0	0	16	0	16

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	6.00
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%	81.4%	18.6%	0.0%	0.0%	100.0%		0.0%
0	823,911	187,796	0	0	1,011,707	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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 ext 310

Date Completed
4/30/2008

Registered Agent Information
Edward J. Whalen
70 W Madison Suite 2150

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	8	0	0	0	8	0	8
60 to 64	0	0	0	0	6	0	0	0	6	0	6
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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	6.00
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%	80.5%	19.5%	0.0%	0.0%	100.0%		0.0%
0	768,041	185,903	0	0	953,944	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Elvira L. Cull
708-754-2220

Date Completed
5/22/2008

Registered Agent Information
Mr. Gary Weintraub
465 Central Ave Suite 100
Northfield, IL 60093

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	220
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	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	MEDICAID CERTIFIED
Nursing Care	222	222	222	222	220	2	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	222	222	220	2	0	222

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	216
Total Admissions 2007	44
Total Discharges 2007	40
Residents on 12/31/2007	220

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	74795	92.3%	1177	75972	93.8%	93.8%
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	0	0.0%	74795	92.3%	1177	75972	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	24	0	0	0	0	0	0	29	24	53
45 to 59	71	58	0	0	0	0	0	0	71	58	129
60 to 64	10	13	0	0	0	0	0	0	10	13	23
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	115	105	0	0	0	0	0	0	115	105	220

THORNTON HEIGHTS TERRACE
160 WEST 10TH STREET
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6009385
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	219	0	0	1	0	220
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
TOTALS	0	219	0	0	1	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	83	0	0	0	83
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	26.00
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
0.0%	98.7%	0.0%	0.0%	1.3%	100.0%		0.0%
0	7,839,676	0	0	106,670	7,946,346	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462
Health Service Area 007 Planning Service Area 702

Administrator
Susan J. Morse

Contact Person and Telephone
Bonnie Parsegian
847-328-8700 Ext. 119

Date Completed
5/27/2008

Registered Agent Information
Susan J. Morse
6 Martha lane

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	48	48	34	48	24	24	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	52	82	52	30		
TOTAL BEDS	130	130	86	130	76	54	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	81
Total Admissions 2007	20
Total Discharges 2007	25
Residents on 12/31/2007	76

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	11122	11122	63.5%	63.5%
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					17264	17264	57.7%	57.7%
TOTALS	0	0.0%	0	0.0%	28386	28386	59.8%	59.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	7	4	9	13
85+	2	19	0	0	0	0	9	32	11	51	62
TOTALS	2	22	0	0	0	0	13	39	15	61	76

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	24	0	24
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	5	43	4	52
TOTALS	0	0	0	5	67	4	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	97	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	52	75
Race Unknown	0	0	0	0	0
Total	24	0	0	52	76

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	52	76
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	52	76

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	3.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	78.00
Totals	108.50

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%	7.1%	92.9%	100.0%		0.0%
0	0	0	260,280	3,393,033	3,653,313	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Ken Rowold
618-826-3210

Date Completed
4/24/2008

Registered Agent Information
Roger Bagley
P O Box 2618

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	4
Developmental Disability	0
Circulatory System	33
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	83	83	74	83	74	9	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	74	83	74	9	17	83

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	62
Total Admissions 2007	44
Total Discharges 2007	32
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1367	22.0%	13259	43.8%	10195	24821	81.9%	81.9%
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	1367	22.0%	13259	43.8%	10195	24821	81.9%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	19	55	0	0	0	0	0	0	19	55	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

THREE SPRINGS LODGE
161 THREE SPRINGS ROAD
CHESTER, IL. 62233

Reference Numbers Facility ID 6009393
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	2	39	0	0	33	0	74
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
TOTALS	2	39	0	0	33	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	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
14.6%	45.0%	0.0%	0.0%	40.4%	100.0%		0.0%
369,955	1,140,720	0	0	1,025,560	2,536,235	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012009
Health Service Area 007 Planning Service Area 705

Administrator
David Tiemersma

Contact Person and Telephone
David Tiemersma
708-596-4442

Date Completed
4/1/2008

Registered Agent Information
Joseph Lanenga
12927 S. Monitor Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	3
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5296	90.7%	0	5296	90.7%	90.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5296	90.7%	0	5296	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	2	0	0	7	2	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	10	5	0	0	10	5	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012009
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		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	137	137
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.10
Registered Nurses	0.40
LPN's	0.00
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	2.00
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%	85.5%	13.2%	0.0%	1.3%	100.0%		0.0%
0	669,868	103,224	0	10,406	783,498	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
CINDY FRAZIER

Contact Person and Telephone
CINDY FRAZIER
217-593-7734

Date Completed
5/29/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	17
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	3
Circulatory System	8
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	110	110	87	110	77	33	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	87	110	77	33	110	110

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	84
Total Admissions 2007	92
Total Discharges 2007	99
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3865	9.6%	19308	48.1%	6654	29827	74.3%	74.3%
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%
TOTALS	3865	9.6%	19308	48.1%	6654	29827	74.3%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	12	23	0	0	0	0	0	0	12	23	35
TOTALS	29	48	0	0	0	0	0	0	29	48	77

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	53	0	0	16	0	77
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
TOTALS	8	53	0	0	16	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	2.00
Non-Health Staff	30.00
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
30.1%	50.5%	0.0%	0.0%	19.4%	100.0%		0.0%
1,121,619	1,881,847	0	0	720,789	3,724,255	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Timbercreek Rehab and Health Care
2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6007330
Health Service Area 002 Planning Service Area 179

Administrator
Tammy Bonney

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Endocrine/Metabolic	30
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	20
Mental Illness	14
Developmental Disability	5
Circulatory System	17
Respiratory System	3
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	131

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	202	155	140	155	131	71	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	140	155	131	71	202	202

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	140
Total Admissions 2007	139
Total Discharges 2007	148
Residents on 12/31/2007	131

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4360	5.9%	30339	41.1%	10450	45149	61.2%	79.8%
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	4360	5.9%	30339	41.1%	10450	45149	61.2%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	6	11	0	0	0	0	0	0	6	11	17
75 to 84	15	29	0	0	0	0	0	0	15	29	44
85+	16	42	0	0	0	0	0	0	16	42	58
TOTALS	45	86	0	0	0	0	0	0	45	86	131

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Timbercreek Rehab and Health Care
2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6007330
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	92	0	0	26	0	131
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
TOTALS	13	92	0	0	26	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	5	0	0	0	5
Total	131	0	0	0	131

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

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	41.00
Other Health Staff	3.00
Non-Health Staff	31.00
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
32.6%	46.0%	0.0%	0.0%	21.4%	100.0%		0.0%
2,171,154	3,062,925	0	3,200	1,428,320	6,665,599	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TISH HEWITT HOUSE
5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6013452
Health Service Area 010 Planning Service Area 161

Administrator
Jane O'Melia

Contact Person and Telephone
Jane O'Melia
309-764-4974

Date Completed
5/23/2008

Registered Agent Information
Kyle Rick
4016 9th Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	8	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	8	8	0	0	8

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	8
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	8

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			2853	97.7%	0	2853	97.7%	97.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	2853	97.7%	0	2853	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TISH HEWITT HOUSE
5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6013452
Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	6.00
Other Health Staff	1.25
Non-Health Staff	0.00
Totals	7.90

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%	80.2%	19.8%	0.0%	0.0%	100.0%		0.0%
0	283,088	70,000	0	0	353,088	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833
Health Service Area 007 Planning Service Area 705

Administrator
Whitney Oberlink

Contact Person and Telephone
Meloneze Gilbert
(708) 758- 7226

Date Completed
5/16/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	14

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4832	82.7%	0	4832	82.7%	82.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4832	82.7%	0	4832	82.7%	82.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	7	7	0	0	7	7	14

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833
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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.32
LPN's	0.00
Certified Aides	6.94
Other Health Staff	0.38
Non-Health Staff	1.42
Totals	9.31

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
0.0%	88.1%	0.0%	0.0%	11.9%	100.0%		0.0%
0	595,735	0	0	80,332	676,068	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TOULON REHABILITATION & HEALTH CARE
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
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	29
Mental Illness	13
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	131	114	131	97	39	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	114	131	97	39	82	136

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	106
Total Admissions 2007	99
Total Discharges 2007	108
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3583	12.0%	22135	44.6%	11615	37333	75.2%	78.1%
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%
TOTALS	3583	12.0%	22135	44.6%	11615	37333	75.2%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	31	66	0	0	0	0	0	0	31	66	97

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TOULON REHABILITATION & HEALTH CARE
HIGHWAY 17 EAST BOX 249
TOULON, IL. 61483

Reference Numbers Facility ID 6009427
Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	59	0	0	27	0	97
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
TOTALS	11	59	0	0	27	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	16.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	23.00
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
27.7%	44.9%	0.1%	0.0%	27.3%	100.0%		0.0%
1,366,529	2,217,719	5,312	0	1,347,012	4,936,572	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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

847-982-2300

Date Completed
5/2/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	10
Mental Illness	28
Developmental Disability	0
Circulatory System	33
Respiratory System	23
Digestive System	7
Genitourinary System Disorders	21
Skin Disorders	6
Musculo-skeletal Disorders	6
Injuries and Poisonings	24
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	184

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	206	206	189	206	184	22	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	189	206	184	22	206	206

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	145
Total Admissions 2007	165
Total Discharges 2007	126
Residents on 12/31/2007	184

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6261	8.3%	40791	54.3%	12935	59987	79.8%	79.8%
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	6261	8.3%	40791	54.3%	12935	59987	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	6	20	0	0	0	0	0	0	6	20	26
75 to 84	20	50	0	0	0	0	0	0	20	50	70
85+	17	62	0	0	0	0	0	0	17	62	79
TOTALS	47	137	0	0	0	0	0	0	47	137	184

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263
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	21	127	0	0	36	0	184
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
TOTALS	21	127	0	0	36	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	179	0	0	0	179
Race Unknown	0	0	0	0	0
Total	184	0	0	0	184

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	184	0	0	0	184

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.00
LPN's	7.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	60.00
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
30.2%	47.7%	0.0%	0.0%	22.1%	100.0%		0.0%
2,486,088	3,931,930	0	0	1,824,224	8,242,242	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6012983
Health Service Area 005 Planning Service Area 191

Administrator
Tonya Lindsey

Contact Person and Telephone
Beth Quick
618-244-7701

Date Completed
4/23/2008

Registered Agent Information
Steven K. Quick
2025B Broadway

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	0	2	0	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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6012983
Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.25
Other Health Staff	1.00
Non-Health Staff	1.50
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	701,249	0	0	0	701,249	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Transitions Nursing and Rehabilitation C
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929
Health Service Area 001 Planning Service Area 195

Administrator
Lori A Steele

Contact Person and Telephone
Lori Steele
815-625-8510

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	1
Circulatory System	9
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	55	55	44	55	42	13	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	55	44	55	42	13	55	55

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	38
Total Admissions 2007	41
Total Discharges 2007	37
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1278	6.4%	10799	53.8%	1994	14071	70.1%	70.1%
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%
TOTALS	1278	6.4%	10799	53.8%	1994	14071	70.1%	70.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	16	26	0	0	0	0	0	0	16	26	42

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Transitions Nursing and Rehabilitation C
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929
Health Service Area 001 Planning Service Area 195

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	35	0	0	6	0	42
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
TOTALS	1	35	0	0	6	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	6	0	0	0	6
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	3.00
Certified Aides	16.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	41.50

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
24.4%	60.1%	0.0%	0.0%	15.5%	100.0%		0.0%
451,893	1,112,841	0	0	287,990	1,852,724	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011811
Health Service Area 009 Planning Service Area 197

Administrator
Sally Ritchey

Contact Person and Telephone
Lisa Dillon
815-485-6197

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5392	92.3%	421	5813	99.5%	99.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5392	92.3%	421	5813	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011811
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	157	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	12.00
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%		0.0%
0	767,489	0	0	0	767,489	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011829
Health Service Area 009 Planning Service Area 197

Administrator
Sally Ritchey

Contact Person and Telephone
Lisa Dillon
815-485-6197

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5080	87.0%	483	5563	95.3%	95.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5080	87.0%	483	5563	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	0	0	3	5	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	7	8	0	0	7	8	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011829
Health Service Area 009 Planning Service Area 197

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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
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%		0.0%
0	728,081	0	0	0	728,081	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011837
Health Service Area 009 Planning Service Area 197

Administrator
Sallly Ritchey

Contact Person and Telephone
Lisa Dillon
815-485-6197

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	15	1	0	16

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	3
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5673	97.1%	80	5753	98.5%	98.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5673	97.1%	80	5753	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	7	0	0	8	7	15

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011837
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
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%		0.0%
0	740,360	0	0	0	740,360	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Trinity Medical Center West
2701 17th Street
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6014336
Health Service Area 010 Planning Service Area 161

Administrator
Katherine Marchik

Contact Person and Telephone
Michael Nesseler
309-779-2310

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
OTHER NON-PROFIT

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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	29	29	29	29	23	6	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	29	29	23	6	29	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	26
Total Admissions 2007	856
Total Discharges 2007	859
Residents on 12/31/2007	23

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8414	79.5%	0	0.0%	497	8911	84.2%	84.2%
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%
TOTALS	8414	79.5%	0	0.0%	497	8911	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	10	13	0	0	0	0	0	0	10	13	23

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Trinity Medical Center West
2701 17th Street
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6014336
Health Service Area 010 Planning Service Area 161

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	2	0	0	23
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
TOTALS	21	0	0	2	0	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	584	584
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	2	0	0	0	2
Total	23	0	0	0	23

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	2	0	0	0	2
Total	23	0	0	0	23

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.23
LPN's	8.19
Certified Aides	0.00
Other Health Staff	13.87
Non-Health Staff	0.00
Totals	36.29

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
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
1	0	0	0	0	1	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TRI-STATE NURSING & REHAB. CENTER
2500 EAST 175TH STREET
LANSING, IL. 60438

Reference Numbers Facility ID 6009443
Health Service Area 007 Planning Service Area 705

Administrator
Marc Halpert

Contact Person and Telephone
Marc Halpert
708-474-7330

Date Completed
5/2/2008

Registered Agent Information
Meyer Magence
8320 Skokie Boulevard

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	33
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	70

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	80	84	70	14	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	80	84	70	14	56	84

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	87
Total Discharges 2007	87
Residents on 12/31/2007	70

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3252	15.9%	19182	62.6%	5306	27740	90.5%	90.5%
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	3252	15.9%	19182	62.6%	5306	27740	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	20	50	0	0	0	0	0	0	20	50	70

TRI-STATE NURSING & REHAB. CENTER
2500 EAST 175TH STREET
LANSING, IL. 60438

Reference Numbers Facility ID 6009443
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	6	57	0	0	7	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
TOTALS	6	57	0	0	7	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	6	0	0	0	6
Total	70	0	0	0	70

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

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	18.00
Other Health Staff	0.00
Non-Health Staff	0.00
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
23.2%	56.2%	8.1%	2.6%	9.9%	100.0%		0.0%
919,300	2,224,863	321,062	102,404	391,812	3,959,441	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/25/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5045	86.4%	254	5299	90.7%	90.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5045	86.4%	254	5299	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	11	0	0	4	11	15

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010201
Health Service Area 002 Planning Service Area 095

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		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	2	0	2
Ethnicity Unknown	0	0	13	0	13
Total	0	0	15	0	15

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	6.90
Other Health Staff	0.75
Non-Health Staff	1.90
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%	81.5%	0.0%	0.0%	18.5%	100.0%		0.0%
0	529,006	0	0	119,746	648,752	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
618-252-1215 or 618-926-1315

Date Completed
5/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	31
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
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	31	4		35
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	35	35	35	35	31	4	0	35

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	31
Total Admissions 2007	5
Total Discharges 2007	5
Residents on 12/31/2007	31

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			12000	93.9%	0	12000	93.9%	93.9%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	12000	93.9%	0	12000	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	4	5	0	0	4	5	9
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	1	3	0	0	1	3	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	17	14	0	0	17	14	31

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		31	0	0	0	0	31
Sheltered Care			0	0	0	0	0
TOTALS	0	31	0	0	0	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	139	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	26	0	26
Race Unknown	0	0	0	0	0
Total	0	0	31	0	31

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	28	0	28
Ethnicity Unknown	0	0	0	0	0
Total	0	0	31	0	31

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	0.00
Other Health Staff	0.00
Non-Health Staff	44.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,768,068	0	0	0	1,768,068	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588
Health Service Area 004 Planning Service Area 041

Administrator
Tom Stephenson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	1
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	73	63	57	63	57	16	0	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	63	57	63	57	16	0	73

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	49
Total Admissions 2007	139
Total Discharges 2007	131
Residents on 12/31/2007	57

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2353	0.0%	9714	36.5%	7911	19978	75.0%	86.9%
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	2353	0.0%	9714	36.5%	7911	19978	75.0%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	9	21	0	0	0	0	0	0	9	21	30
TOTALS	16	41	0	0	0	0	0	0	16	41	57

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588
Health Service Area 004 Planning Service Area 041

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	18	0	57
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
TOTALS	8	31	0	0	18	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	19.00
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
30.2%	37.8%	0.0%	0.0%	32.0%	100.0%		0.0%
734,478	919,054	0	0	779,912	2,433,444	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Karen Dowell

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	62	54	45	54	37	25	18	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	54	45	54	37	25	18	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	31
Total Discharges 2007	36
Residents on 12/31/2007	37

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1242	18.9%	11648	51.5%	1923	14813	65.5%	75.2%
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%
TOTALS	1242	18.9%	11648	51.5%	1923	14813	65.5%	75.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	4	7	0	0	0	0	0	0	4	7	11
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	16	21	0	0	0	0	0	0	16	21	37

TWIN LAKES REHAB & HEALTH CARE
310 EADS AVENUE
PARIS, IL. 61944

Reference Numbers Facility ID 6004188
Health Service Area 004 Planning Service Area 045

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	30	0	0	3	0	37
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
TOTALS	4	30	0	0	3	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	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
25.1%	63.6%	1.9%	0.0%	9.4%	100.0%		0.0%
424,800	1,077,648	32,253	0	158,674	1,693,375	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Diane Tebbe
618-465-0044

Date Completed
4/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5475	93.8%	0	5475	93.8%	93.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	8	7	0	0	8	7	15

TWIN RIVER ESTATE
4710 PIERCE LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012744
Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	232	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.40
Totals	12.18

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%	88.3%	10.8%	0.0%	0.9%	100.0%		0.0%
0	558,964	68,392	0	5,874	633,230	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Twin Willows Nursing Center
Rt. 37 North P.O.Box 370
SALEM, IL. 62881

Reference Numbers Facility ID 6009484
Health Service Area 005 Planning Service Area 121

Administrator

Contact Person and Telephone
TODD WOODRUFF
618-548-0542

Date Completed
5/1/2008

Registered Agent Information
Huber Woodruff
P.O. Box 370

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Alzheimer Disease	28
Mental Illness	4
Developmental Disability	2
Circulatory System	20
Respiratory System	1
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	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	MEDICAID CERTIFIED
Nursing Care	74	74	69	74	62	12	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	74	74	69	74	62	12	0	76

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	27
Total Discharges 2007	34
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2842	0.0%	15884	57.3%	3916	22642	83.8%	83.8%
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	2842	0.0%	15884	57.3%	3916	22642	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	14	48	0	0	0	0	0	0	14	48	62

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Twin Willows Nursing Center
Rt. 37 North P.O.Box 370
SALEM, IL. 62881

Reference Numbers Facility ID 6009484
Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	44	0	0	10	0	62
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
TOTALS	8	44	0	0	10	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	4.00
Non-Health Staff	14.00
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
28.7%	27.9%	0.0%	5.1%	38.2%	100.0%		0.0%
799,689	777,768	522	143,370	1,063,891	2,785,240	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

UDI 1, LLC dba PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

Administrator
Tenia Calhoon

Contact Person and Telephone
Tenia Calhoon
618-993-8600

Date Completed
4/15/2008

Registered Agent Information
Michael Bibo 01215132
285 S. Farnham St.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	26
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	114	119	107	12	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	119	119	114	119	107	12	83	83

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	248
Total Discharges 2007	253
Residents on 12/31/2007	107

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9735	32.1%	8393	27.7%	19336	37464	86.3%	86.3%
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%
TOTALS	9735	32.1%	8393	27.7%	19336	37464	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	2	9	11
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	22	85	0	0	0	0	0	0	22	85	107

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

UDI 1, LLC dba PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

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	23	0	0	53	0	107
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
TOTALS	31	23	0	0	53	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	17.50
Non-Health Staff	36.00
Totals	113.50

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
42.0%	10.5%	0.0%	0.0%	47.5%	100.0%		0.3%
3,053,769	760,372	0	0	3,452,457	7,266,599	18,775	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6009500
Health Service Area 005 Planning Service Area 101

Administrator
Carol Hawkins

Contact Person and Telephone
Carol Hawkins
618-943-3347

Date Completed
5/2/2008

Registered Agent Information
Glen Leighty, Jr.
1616 Cedar St
Lawrenceville, IL 62439

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	15
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	29
Mental Illness	12
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	104

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	165	138	114	138	104	61	93	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	165	138	114	138	104	61	93	228

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	112
Total Admissions 2007	151
Total Discharges 2007	159
Residents on 12/31/2007	104

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3538	10.4%	19401	23.3%	16516	39455	65.5%	78.3%
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%
TOTALS	3538	10.4%	19401	23.3%	16516	39455	65.5%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	31	0	0	0	0	0	0	6	31	37
85+	9	48	0	0	0	0	0	0	9	48	57
TOTALS	18	86	0	0	0	0	0	0	18	86	104

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6009500
Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	51	0	0	47	0	104
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
TOTALS	6	51	0	0	47	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	21.00
Certified Aides	49.00
Other Health Staff	5.00
Non-Health Staff	95.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.6%	22.2%	0.0%	5.9%	46.3%	100.0%		0.3%
1,289,576	1,120,932	0	297,221	2,338,651	5,046,380	15,287	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Paul James

Contact Person and Telephone
Rose Sepulveda
618-943-3823 rxt 1203

Date Completed
5/2/2008

Registered Agent Information
Carol Hawkins
1616 Cedar St
Lawrenceville, IL 62439

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	119	117	73	117	68	51	119	119
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	123	121	73	121	68	55	119	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	67
Total Admissions 2007	154
Total Discharges 2007	153
Residents on 12/31/2007	68

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3490	8.0%	14698	33.8%	5617	23805	54.8%	55.7%
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	3490	8.0%	14698	33.8%	5617	23805	53.0%	53.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
75 to 84	3	19	0	0	0	0	0	0	3	19	22
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	13	55	0	0	0	0	0	0	13	55	68

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

UNITED METHODIST VILLAGE N. CA
2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6013072
Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	41	0	0	17	0	68
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
TOTALS	10	41	0	0	17	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	3.00
Non-Health Staff	33.00
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
32.5%	30.2%	0.0%	6.3%	31.1%	100.0%		0.3%
1,074,737	998,629	0	208,260	1,028,804	3,310,430	9,082	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

UNIVERSITY NURSING & REHABIL.
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002711
Health Service Area 011 Planning Service Area 119

Administrator
Jerry Neal

Contact Person and Telephone
Jerry Neal
618-656-1081

Date Completed
4/10/2008

Registered Agent Information
Lawrence Y. Schwartz
7366 North Lincoln Avenue

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	4
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	42
Mental Illness	12
Developmental Disability	5
Circulatory System	4
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	122	116	112	116	108	14	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	116	112	116	108	14	118	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	105
Total Admissions 2007	98
Total Discharges 2007	95
Residents on 12/31/2007	108

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4395	10.2%	27446	63.7%	7922	39763	89.3%	93.9%
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	4395	10.2%	27446	63.7%	7922	39763	89.3%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	7	0	0	0	0	0	0	8	7	15
75 to 84	3	19	0	0	0	0	0	0	3	19	22
85+	4	63	0	0	0	0	0	0	4	63	67
TOTALS	17	91	0	0	0	0	0	0	17	91	108

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

UNIVERSITY NURSING & REHABIL.
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002711
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	8	75	1	0	24	0	108
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
TOTALS	8	75	1	0	24	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	32.00
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
12.4%	60.1%	0.0%	0.0%	27.4%	100.0%		0.0%
518,164	2,509,782	0	0	1,145,208	4,173,154	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Brenda Rulo

Contact Person and Telephone
Brenda Rulo
618-259-4111

Date Completed
5/30/2008

Registered Agent Information
LT National Corporate Research Register
520 S. 2nd Street, #403

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	9
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	106	104	98	104	88	18	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	104	98	104	88	18	106	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	57
Total Discharges 2007	60
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3313	8.6%	22995	59.4%	7655	33963	87.8%	89.5%
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	3313	8.6%	22995	59.4%	7655	33963	87.8%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	8	0	0	0	0	0	0	3	8	11
75 to 84	15	23	0	0	0	0	0	0	15	23	38
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	25	63	0	0	0	0	0	0	25	63	88

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

V I P MANOR
393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6009534
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	66	0	0	15	0	88
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
TOTALS	7	66	0	0	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	4818	4342
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	15.00
Certified Aides	39.00
Other Health Staff	13.00
Non-Health Staff	3.00
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
22.1%	53.1%	0.0%	8.4%	16.4%	100.0%		0.0%
433,531	1,041,536	0	163,691	320,968	1,959,726	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/24/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	7	1	0	0	7	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6010169
Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.30
Other Health Staff	0.70
Non-Health Staff	1.70
Totals	9.95

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%	83.9%	0.0%	0.0%	16.1%	100.0%		0.0%
0	543,601	0	0	104,285	647,886	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
Linda Pyfer

Contact Person and Telephone
Shelly Lunsford
815-334-2808

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	7
Mental Illness	21
Developmental Disability	0
Circulatory System	38
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	124

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	127	127	124	3	10	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	127	127	124	3	10	127

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	115
Total Admissions 2007	54
Total Discharges 2007	45
Residents on 12/31/2007	124

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1827	50.1%	31375	67.7%	10369	43571	94.0%	94.0%
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	1827	50.1%	31375	67.7%	10369	43571	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	8	0	0	0	0	0	0	2	8	10
75 to 84	4	30	0	0	0	0	0	0	4	30	34
85+	6	69	0	0	0	0	0	0	6	69	75
TOTALS	13	111	0	0	0	0	0	0	13	111	124

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

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	86	5	0	29	0	124
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
TOTALS	4	86	5	0	29	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	2	0	0	0	2
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.33
LPN's	6.41
Certified Aides	33.97
Other Health Staff	1.39
Non-Health Staff	45.52
Totals	105.62

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
13.2%	64.9%	3.3%	0.0%	18.6%	100.0%		0.0%
824,973	4,064,227	209,622	0	1,164,257	6,263,079	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VANDALIA REHABILITATION AND HEALTH C ARE
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Reference Numbers Facility ID 6009260
Health Service Area 005 Planning Service Area 051

Administrator
Shannon Paden

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	17
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	16
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	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	MEDICAID CERTIFIED
Nursing Care	116	100	64	100	58	58	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	100	64	100	58	58	57	116

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	63
Total Admissions 2007	43
Total Discharges 2007	48
Residents on 12/31/2007	58

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2278	10.9%	14803	35.0%	3707	20788	49.1%	57.0%
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	2278	10.9%	14803	35.0%	3707	20788	49.1%	57.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	6	0	0	0	0	0	0	7	6	13
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	10	7	0	0	0	0	0	0	10	7	17
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	26	32	0	0	0	0	0	0	26	32	58

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VANDALIA REHABILITATION AND HEALTH C ARE
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Reference Numbers Facility ID 6009260
Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	36	0	0	10	0	58
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
TOTALS	12	36	0	0	10	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	15.00
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
32.3%	53.9%	0.0%	0.0%	13.8%	100.0%		0.0%
904,678	1,512,252	0	0	386,887	2,803,817	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VANDALIA TERRACE
1610 HILLSBORO ROAD
VANDALIA, IL. 62471

Reference Numbers Facility ID 6004238
Health Service Area 005 Planning Service Area 051

Administrator
Byron Witt

Contact Person and Telephone
Byron Witt
618-283-1434

Date Completed
6/3/2008

Registered Agent Information

Northfield, IL 60062

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	32
Developmental Disability	1
Circulatory System	2
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	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	MEDICAID CERTIFIED
Nursing Care	79	65	50	65	43	36	0	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	65	50	65	43	36	0	79

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	42
Total Admissions 2007	35
Total Discharges 2007	34
Residents on 12/31/2007	43

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	16072	55.7%	0	16072	55.7%	67.7%
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	0	0.0%	16072	55.7%	0	16072	55.7%	67.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	9	3	0	0	0	0	0	0	9	3	12
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	29	14	0	0	0	0	0	0	29	14	43

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VANDALIA TERRACE
1610 HILLSBORO ROAD
VANDALIA, IL. 62471

Reference Numbers Facility ID 6004238
Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	43	0	0	0	0	43
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
TOTALS	0	43	0	0	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	2.00
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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,289,082	0	0	0	1,289,082	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VERMILION MANOR NURSING HOME
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 Darr
217-443-6430

Date Completed
5/30/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	8
Endocrine/Metabolic	6
Blood Disorders	8
*Nervous System Non Alzheimer	13
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	3
Circulatory System	41
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	136

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	237	223	160	223	136	101	38	233
Skilled Under 22	0	0	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	136	101	38	233

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	153
Total Admissions 2007	173
Total Discharges 2007	190
Residents on 12/31/2007	136

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6675	48.1%	38879	45.7%	7579	53133	61.4%	65.3%
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%
TOTALS	6675	48.1%	38879	45.7%	7579	53133	61.4%	65.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	0	0	0	0	0	0	1	1	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	17	32	0	0	0	0	0	0	17	32	49
85+	21	39	0	0	0	0	0	0	21	39	60
TOTALS	47	89	0	0	0	0	0	0	47	89	136

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VERMILION MANOR NURSING HOME
14792 CATLIN - TILTON ROAD
DANVILLE, IL. 61834

Reference Numbers Facility ID 6009567
Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	106	0	0	15	0	136
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
TOTALS	15	106	0	0	15	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	20.00
Certified Aides	60.00
Other Health Staff	7.00
Non-Health Staff	21.00
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
28.9%	57.6%	0.1%	0.7%	12.8%	100.0%		0.0%
2,317,000	4,621,300	4,400	54,500	1,027,000	8,024,200	0	

FACILITY NOTES

Bed Change	3/8/2007	Added 4 nursing care beds to existing facility; bed totals now 237 nursing care beds.

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
217-287-1484

Date Completed
4/23/2008

Registered Agent Information
Anna Brackenbush
P.O. Box 640
Panama, IL 62077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	15
Total Admissions 2007	2
Total Discharges 2007	1
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5667	97.0%	0	5667	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5667	97.0%	0	5667	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	0	4	0	0	0	4	4
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	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

VICTORIAN MANOR
815 E. Vine
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009575
Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.57
Other Health Staff	1.80
Non-Health Staff	0.17
Totals	11.14

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	84.9%	0.0%	0.0%	15.1%	100.0%		0.0%
0	548,083	0	0	97,235	645,318	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

Administrator
Thomas Mullins

Contact Person and Telephone
Thomas Mullins
217-744-2299

Date Completed
5/2/2008

Registered Agent Information
James O. Williamson
313 Saratoga Chase

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	15
Mental Illness	19
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	94	5	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	94	5	99	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	95
Total Admissions 2007	207
Total Discharges 2007	208
Residents on 12/31/2007	94

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4280	11.8%	16065	44.5%	15065	35410	98.0%	98.0%
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	4280	11.8%	16065	44.5%	15065	35410	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	51	0	0	0	0	0	0	8	51	59
TOTALS	15	79	0	0	0	0	0	0	15	79	94

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	47	0	3	39	0	94
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
TOTALS	5	47	0	3	39	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	31.00
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
31.2%	28.8%	0.0%	2.7%	37.3%	100.0%		0.0%
1,691,464	1,561,182	0	144,987	2,023,365	5,420,998	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLA SCALABRINI NSG & REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

Administrator
Jim Kouzios

Contact Person and Telephone
Jim Kouzios
708-562-0040

Date Completed
4/24/2008

Registered Agent Information
Joseph Toomey
7435 West Talcott Avenue

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	27
Mental Illness	24
Developmental Disability	2
Circulatory System	37
Respiratory System	6
Digestive System	15
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	79
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	231

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	236	253	231	253	231	5	154	206
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	17	0	0	0	0	17		
TOTAL BEDS	253	253	231	253	231	22	154	206

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	219
Total Admissions 2007	338
Total Discharges 2007	326
Residents on 12/31/2007	231

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19239	34.2%	45074	59.9%	20002	84315	97.9%	91.3%
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%
TOTALS	19239	34.2%	45074	59.9%	20002	84315	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	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	9	11	0	0	0	0	0	0	9	11	20
75 to 84	16	53	0	0	0	0	0	0	16	53	69
85+	14	114	0	0	0	0	0	0	14	114	128
TOTALS	46	185	0	0	0	0	0	0	46	185	231

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLA SCALABRINI NSG & REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	125	0	2	57	1	231
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
TOTALS	46	125	0	2	57	1	231

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	210	0	0	0	210
Race Unknown	0	0	0	0	0
Total	231	0	0	0	231

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	215	0	0	0	215
Ethnicity Unknown	0	0	0	0	0
Total	231	0	0	0	231

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.07
LPN's	7.98
Certified Aides	75.52
Other Health Staff	12.14
Non-Health Staff	63.04
Totals	194.75

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
40.6%	30.6%	0.0%	0.0%	28.8%	100.0%		0.0%
6,157,402	4,632,917	0	0	4,373,871	15,164,190	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLAGE AT VICTORY LAKES, THE
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332
Health Service Area 008 Planning Service Area 097

Administrator
Mary Riggs

Contact Person and Telephone
Lynn Laystrom
847-356-5900

Date Completed
4/15/2008

Registered Agent Information
CT Corporation
208 South LaSalle

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	15
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	135

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	104	120	89	31	40	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	84	60	55	60	46	38		
TOTAL BEDS	204	180	159	180	135	69	40	12

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	732
Total Discharges 2007	754
Residents on 12/31/2007	135

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10578	72.5%	119	2.7%	25231	35928	82.0%	82.0%
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					18923	18923	61.7%	86.4%
TOTALS	10578	72.5%	119	2.7%	44154	54851	73.7%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	1	9	10
75 to 84	3	30	0	0	0	0	3	7	6	37	43
85+	8	41	0	0	0	0	12	20	20	61	81
TOTALS	12	77	0	0	0	0	15	31	27	108	135

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLAGE AT VICTORY LAKES, THE
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	2	0	0	54	7	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	42	4	46
TOTALS	26	2	0	0	96	11	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	302	226
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	146	119

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	85	0	0	45	130
Race Unknown	0	0	0	0	0
Total	89	0	0	46	135

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	1	3
Non-Hispanic	87	0	0	45	132
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	46	135

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	6.00
Certified Aides	53.00
Other Health Staff	18.00
Non-Health Staff	55.00
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
44.6%	0.0%	0.0%	0.0%	55.4%	100.0%		5.5%
4,129,142	0	0	0	5,138,125	9,267,267	512,788	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLAGE INN - COBDEN
114 ASH STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6009633
Health Service Area 005 Planning Service Area 181

Administrator
Robert Matthew Chamness

Contact Person and Telephone
Martha Clover
618-893-4222

Date Completed
5/1/2008

Registered Agent Information
John S. Rendleman
2001 W. Main St. P.O. Box 1570

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	16
Total Discharges 2007	16
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5712	97.8%	0	5712	97.8%	97.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5712	97.8%	0	5712	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	4	2	6
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	1	1	0	0	1	1	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

VILLAGE INN - COBDEN
114 ASH STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6009633
Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	120	120
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	2.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	600,761	0	0	0	600,761	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VILLAGE NURSING HOME
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
Health Service Area 007 Planning Service Area 702

Administrator
SAMUEL BRANDMAN

Contact Person and Telephone
MARLA COSTELLO
847-679-2322

Date Completed
5/4/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	7
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	7
Circulatory System	14
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	149	149	86	149	86	63	96	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	86	149	86	63	96	149

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	80
Total Admissions 2007	78
Total Discharges 2007	72
Residents on 12/31/2007	86

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2765	7.9%	23027	42.3%	0	25792	47.4%	47.4%
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%
TOTALS	2765	7.9%	23027	42.3%	0	25792	47.4%	47.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	4	8	12
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	12	19	0	0	0	0	0	0	12	19	31
TOTALS	35	51	0	0	0	0	0	0	35	51	86

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

VILLAGE NURSING HOME
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	65	0	0	9	0	86
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
TOTALS	12	65	0	0	9	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	17	0	0	0	17
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	2.00
Certified Aides	25.00
Other Health Staff	10.00
Non-Health Staff	42.00
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
26.6%	64.2%	0.0%	0.0%	9.2%	100.0%		0.0%
1,019,238	2,462,223	0	0	351,780	3,833,241	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60436

Reference Numbers Facility ID 6013569
Health Service Area 009 Planning Service Area 197

Administrator

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/23/2008

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	0	4	0	0	0	4	4

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60436

Reference Numbers Facility ID 6013569
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	3.75
Non-Health Staff	5.00
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
0.1%	83.4%	0.0%	0.0%	16.5%	100.0%		0.0%
271	220,296	0	0	43,608	264,175	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Virgil Calvert Nursing & Rehab
5100 Summit Avenue
EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID 6010904
Health Service Area 011 Planning Service Area 163

Administrator
KATHLEEN CRAWFORD

Contact Person and Telephone

847-982-2300

Date Completed
5/1/2008

Registered Agent Information

SKOKIE, IL 60077

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	5
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	12
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	18
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	115	150	97	53	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	150	115	150	97	53	26	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	113
Total Admissions 2007	59
Total Discharges 2007	75
Residents on 12/31/2007	97

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2397	25.3%	36131	66.0%	71	38599	70.5%	70.5%
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	2397	25.3%	36131	66.0%	71	38599	70.5%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	0	0	0	0	0	0	0	4	0	4
45 to 59	9	8	0	0	0	0	0	0	9	8	17
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	12	5	0	0	0	0	0	0	12	5	17
75 to 84	13	15	0	0	0	0	0	0	13	15	28
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	46	51	0	0	0	0	0	0	46	51	97

Virgil Calvert Nursing & Rehab
5100 Summit Avenue
EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID 6010904
Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	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
ICF/DD		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	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	96	0	0	0	96
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	30.00
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
20.1%	78.2%	0.0%	0.0%	1.6%	100.0%		0.0%
840,504	3,263,961	0	0	68,371	4,172,836	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WABASH CHRISTIAN RETIREMENT CENTER
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
Sandra Bryant
618-382-4644

Date Completed
4/22/2008

Registered Agent Information
Timothy Phillippe
200 N. Postville Rd.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System Non Alzheimer	11
Alzheimer Disease	13
Mental Illness	5
Developmental Disability	0
Circulatory System	50
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	16
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	158	145	145	145	133	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	158	145	145	145	133	25	158	152

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	133
Total Admissions 2007	164
Total Discharges 2007	164
Residents on 12/31/2007	133

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8113	14.1%	27429	49.4%	14623	50165	87.0%	94.8%
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	8113	14.1%	27429	49.4%	14623	50165	87.0%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	3	0	3
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	8	28	0	0	0	0	0	0	8	28	36
85+	14	64	0	0	0	0	0	0	14	64	78
TOTALS	29	104	0	0	0	0	0	0	29	104	133

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WABASH CHRISTIAN RETIREMENT CENTER
216 COLLEGE BOULEVARD
CARMI, IL. 62821

Reference Numbers Facility ID 6009674
Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	71	0	1	35	0	133
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
TOTALS	26	71	0	1	35	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	30.00
Certified Aides	76.00
Other Health Staff	0.00
Non-Health Staff	57.00
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
40.7%	31.5%	0.0%	0.8%	27.0%	100.0%		0.0%
2,947,873	2,285,718	0	57,400	1,957,783	7,248,775	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682
Health Service Area 003 Planning Service Area 017

Administrator
George White

Contact Person and Telephone
Rachel White
217-452-3218

Date Completed
4/22/2008

Registered Agent Information
Bud Potter
1227 S. 7th Street

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	71	71	46	62	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	71	46	62	42	29	71	71

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	48
Total Admissions 2007	32
Total Discharges 2007	38
Residents on 12/31/2007	42

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1208	4.7%	8593	33.2%	5675	15476	59.7%	59.7%
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	1208	4.7%	8593	33.2%	5675	15476	59.7%	59.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	13	0	0	0	0	0	0	1	13	14
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	6	36	0	0	0	0	0	0	6	36	42

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682
Health Service Area 003 Planning Service Area 017

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	14	0	42
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
TOTALS	6	22	0	0	14	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	19.00
Other Health Staff	15.00
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
20.3%	33.3%	0.0%	2.9%	43.5%	100.0%		0.0%
370,032	608,023	0	53,075	793,907	1,825,037	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WALNUT GROVE VILLAGE, LLC
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 063

Administrator
Suzanne Glenn

Contact Person and Telephone
Barak Baver
773-202-0000

Date Completed
4/30/2008

Registered Agent Information
Paul Gilman
330 N. Wabash Ave, Suite 3000

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	45
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	99	99	95	99	95	4	35	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	24	24	20	24	20	4		
TOTAL BEDS	123	123	115	123	115	8	35	99

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	113
Total Admissions 2007	127
Total Discharges 2007	125
Residents on 12/31/2007	115

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4968	38.9%	15129	41.9%	12624	32721	90.6%	90.6%
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					7300	7300	83.3%	83.3%
TOTALS	4968	38.9%	15129	41.9%	19924	40021	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	7	14	0	0	0	0	1	5	8	19	27
85+	5	48	0	0	0	0	3	11	8	59	67
TOTALS	20	75	0	0	0	0	4	16	24	91	115

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WALNUT GROVE VILLAGE, LLC
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 063

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	0	1	35	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	11	45	0	1	58	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	23	115
Race Unknown	0	0	0	0	0
Total	92	0	0	23	115

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	92	0	0	23	115
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	23	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	7.00
Certified Aides	40.00
Other Health Staff	6.00
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
34.4%	22.6%	0.0%	2.1%	40.8%	100.0%		0.0%
2,107,741	1,385,317	0	130,643	2,495,422	6,119,123	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Dennis L. Grobe
815-379-2131

Date Completed
5/9/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	62	54	62	54	8	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	54	62	54	8	0	62

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	51
Total Admissions 2007	54
Total Discharges 2007	51
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2160	0.0%	9517	42.1%	7815	19492	86.1%	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%
TOTALS	2160	0.0%	9517	42.1%	7815	19492	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	13	0	0	0	0	0	0	4	13	17
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	14	40	0	0	0	0	0	0	14	40	54

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL. 61376

Reference Numbers Facility ID 6009690
Health Service Area 002 Planning Service Area 011

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	24	0	54
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
TOTALS	5	24	0	1	24	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	12.00
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
24.8%	32.8%	0.0%	0.0%	42.4%	100.0%		0.0%
646,487	853,916	0	0	1,102,334	2,602,737	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	16
Total Discharges 2007	16
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5260	90.1%	84	5344	91.5%	91.5%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5260	90.1%	84	5344	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	1	0	0	6	1	7
45 to 59	0	0	0	0	4	3	0	0	4	3	7
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	12	4	0	0	12	4	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009708
Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.75
Non-Health Staff	2.20
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%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	555,027	0	0	100,010	655,037	0	

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
Theo Ann Brandel

Contact Person and Telephone
MELISSA A. THORNBLOOM
815-633-6636

Date Completed
4/28/2008

Registered Agent Information
CT Corporation
36 East Seventh Street - Team 1 - Suite 2400
Cincinnati, OH 4502

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	82
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	93	93	82	93	82	11		93
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	93	82	93	82	11	0	93

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	7
Total Discharges 2007	7
Residents on 12/31/2007	82

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			29335	86.4%	206	29541	87.0%	87.0%
Intermediate DD			0	0.0%	0	0	0.0%	0.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	29335	86.4%	206	29541	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	31	10	0	0	0	0	31	10	41
18 to 44	0	0	25	16	0	0	0	0	25	16	41
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	56	26	0	0	0	0	56	26	82

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

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	81	0	0	1	0	82
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	81	0	0	1	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	190	171
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	11	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	57	0	0	57
Race Unknown	0	13	0	0	13
Total	0	82	0	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	77	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	0	82	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.50
Certified Aides	88.25
Other Health Staff	0.00
Non-Health Staff	19.75
Totals	132.50

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%	76.0%	22.9%	0.0%	1.0%	100.0%		0.0%
0	5,189,749	1,566,358	0	70,262	6,826,369	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WARREN BARR PAVILION
66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725
Health Service Area 006 Planning Service Area 602

Administrator
Megan Mulherin

Contact Person and Telephone
Megan Mulherin
312-705-6755

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	24
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	25
Mental Illness	10
Developmental Disability	0
Circulatory System	45
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	10
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	177

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	271	251	202	251	177	94	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	251	202	251	177	94	271	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	180
Total Admissions 2007	728
Total Discharges 2007	731
Residents on 12/31/2007	177

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	20320	20.5%	16907	0.0%	29729	66956	67.7%	73.1%
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%
TOTALS	20320	20.5%	16907	0.0%	29729	66956	67.7%	73.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	17	34	0	0	0	0	0	0	17	34	51
85+	20	76	0	0	0	0	0	0	20	76	96
TOTALS	46	131	0	0	0	0	0	0	46	131	177

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WARREN BARR PAVILION
66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	47	0	10	74	0	177
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
TOTALS	46	47	0	10	74	0	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	71	0	0	0	71
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	5	0	0	0	5
Total	177	0	0	0	177

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	177	0	0	0	177

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	21.00
Certified Aides	80.00
Other Health Staff	0.00
Non-Health Staff	57.00
Totals	179.00

NET REVENUE BY PAYOR 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%	20.3%	0.0%	12.7%	55.9%	100.0%		0.0%
1,063,732	1,954,080	0	1,222,337	5,371,998	9,612,147	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WARREN PARK NURSING PAVILION
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262
Health Service Area 006 Planning Service Area 601

Administrator
Steve Goldstein

Contact Person and Telephone
Steve Goldstein
773-465-5000

Date Completed
5/5/2008

Registered Agent Information
ABRAHAM STERN
10 SOUTH WACKER DRIVE 40 FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	16
Blood Disorders	6
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	12
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	127	127	90	127	80	47	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	90	127	80	47	51	127

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	46
Total Discharges 2007	48
Residents on 12/31/2007	80

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1329	7.1%	28459	61.4%	560	30348	65.5%	65.5%
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	1329	7.1%	28459	61.4%	560	30348	65.5%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	0	0	0	0	0	0	8	3	11
45 to 59	24	9	0	0	0	0	0	0	24	9	33
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	48	32	0	0	0	0	0	0	48	32	80

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WARREN PARK NURSING PAVILION
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	75	0	0	3	0	80
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
TOTALS	2	75	0	0	3	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

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	26.00
Other Health Staff	0.00
Non-Health Staff	29.00
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
14.8%	83.6%	0.0%	0.0%	1.5%	100.0%		0.0%
552,725	3,113,881	0	0	55,919	3,722,525	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Kevin McGee

Contact Person and Telephone
Kevin McGee
773-474-7314

Date Completed
5/2/2008

Registered Agent Information
Thomas Chomicz
500 West Madison Street, Suite 3700

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	103	103	100	100	91	12	15	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	103	103	100	100	91	12	15	94

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	91
Total Admissions 2007	237
Total Discharges 2007	237
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5210	95.2%	6641	19.4%	20803	32654	86.9%	86.9%
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	5210	95.2%	6641	19.4%	20803	32654	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	21	0	0	0	0	0	0	4	21	25
85+	9	55	0	0	0	0	0	0	9	55	64
TOTALS	13	78	0	0	0	0	0	0	13	78	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WASHINGTON & JANE SMITH COMM.
2320 West 113th Place
CHICAGO, IL. 60643

Reference Numbers Facility ID 6009732
Health Service Area 006 Planning Service Area 603

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	19	3	0	55	0	91
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
TOTALS	14	19	3	0	55	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	186
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.40
LPN's	13.20
Certified Aides	58.50
Other Health Staff	9.60
Non-Health Staff	79.61
Totals	174.31

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
32.7%	12.4%	0.0%	0.3%	54.7%	100.0%		39.1%
2,152,115	813,437	0	20,116	3,598,795	6,584,463	2,575,539	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE
WASHINGTON, IL. 61571

Reference Numbers Facility ID 6009740
Health Service Area 002 Planning Service Area 179

Administrator
Roger D. Herman

Contact Person and Telephone
Roger D. Herman
309-444-3161

Date Completed
5/5/2008

Registered Agent Information
Timothy Phillippe
200 N Postville Rd

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	38
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	115	115	115	106	16	122	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	122	115	115	115	106	16	122	106

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	101
Total Admissions 2007	236
Total Discharges 2007	231
Residents on 12/31/2007	106

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5933	13.3%	20454	52.9%	11822	38209	85.8%	91.0%
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	5933	13.3%	20454	52.9%	11822	38209	85.8%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	9	58	0	0	0	0	0	0	9	58	67
TOTALS	18	88	0	0	0	0	0	0	18	88	106

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE
WASHINGTON, IL. 61571

Reference Numbers Facility ID 6009740
Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	55	0	7	26	0	106
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
TOTALS	18	55	0	7	26	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.60
LPN's	11.60
Certified Aides	46.20
Other Health Staff	1.00
Non-Health Staff	28.00
Totals	95.40

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
35.6%	32.8%	0.0%	10.6%	21.0%	100.0%		0.0%
2,117,477	1,950,137	0	632,658	1,246,245	5,946,517	1,709	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6013288
Health Service Area 005 Planning Service Area 189

Administrator
Nancy Newby

Contact Person and Telephone
Elaine Matzenbacher
618-327-2207

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	0
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	27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	33	33	33	33	27	6	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	33	33	33	33	27	6	6	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	22
Total Admissions 2007	56
Total Discharges 2007	51
Residents on 12/31/2007	27

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	9238	9238	76.7%	76.7%
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	0	0.0%	0	0.0%	9238	9238	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	8	19	0	0	0	0	0	0	8	19	27

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6013288
Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	27	0	27
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
TOTALS	0	0	0	0	27	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.50
LPN's	3.00
Certified Aides	11.00
Other Health Staff	0.00
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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WASHINGTON HGTS NUR & REHAB
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Reference Numbers Facility ID 6014781
Health Service Area 006 Planning Service Area 603

Administrator
Moira Tannen

Contact Person and Telephone
Richard Taylor
773-298-1177

Date Completed
5/30/2008

Registered Agent Information
Meyer Magence
8320 Skokie Boulevard

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
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	20
Endocrine/Metabolic	80
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	204

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	228	228	204	228	204	24	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	204	228	204	24	228	228

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	180
Total Admissions 2007	343
Total Discharges 2007	319
Residents on 12/31/2007	204

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6266	7.5%	55758	67.0%	4795	66819	80.3%	80.3%
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%
TOTALS	6266	7.5%	55758	67.0%	4795	66819	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	24	17	0	0	0	0	0	0	24	17	41
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	20	28	0	0	0	0	0	0	20	28	48
75 to 84	18	35	0	0	0	0	0	0	18	35	53
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	78	126	0	0	0	0	0	0	78	126	204

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WASHINGTON HGTS NUR & REHAB
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Reference Numbers Facility ID 6014781
Health Service Area 006 Planning Service Area 603

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	159	0	15	16	0	204
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
TOTALS	14	159	0	15	16	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	201	0	0	0	201
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	204	0	0	0	204
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	21.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	45.00
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
20.0%	76.0%	0.0%	0.2%	3.8%	100.0%		0.0%
1,760,734	6,701,481	0	21,612	332,005	8,815,832	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Wasson Street Place
205 East Wasson
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627
Health Service Area 001 Planning Service Area 103

Administrator
Catherine A Adelman

Contact Person and Telephone
Catherine Adelman
815-288-6691 ext. 273

Date Completed
4/16/2008

Registered Agent Information
Arlan L McClain
500 Anchor Road P.O. Box 366

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	4
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	4

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1460	100.0%	0	1460	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	1	3	0	0	1	3	4

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Wasson Street Place
205 East Wasson
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627
Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	221	210
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	5.50

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%	11.0%	88.7%	0.0%	0.3%	100.0%		0.0%
0	33,606	271,226	0	916	305,748	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009757
Health Service Area 006 Planning Service Area 603

Administrator

Contact Person and Telephone
Howard Alter
773-731-4200

Date Completed
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	16
Blood Disorders	4
*Nervous System Non Alzheimer	13
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	19
Digestive System	17
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	118	118	118	107	11	42	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	107	11	42	118

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	92
Total Admissions 2007	333
Total Discharges 2007	318
Residents on 12/31/2007	107

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5495	35.8%	30399	70.6%	0	35894	83.3%	83.3%
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%
TOTALS	5495	35.8%	30399	70.6%	0	35894	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	3	6	9
60 to 64	26	12	0	0	0	0	0	0	26	12	38
65 to 74	7	28	0	0	0	0	0	0	7	28	35
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	49	58	0	0	0	0	0	0	49	58	107

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009757
Health Service Area 006 Planning Service Area 603

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	95	0	0	0	0	107
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
TOTALS	12	95	0	0	0	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	104	0	0	0	104
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

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	42.00
Other Health Staff	4.00
Non-Health Staff	11.00
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
36.0%	59.7%	0.0%	0.0%	4.3%	100.0%		0.0%
2,040,938	3,379,396	0	0	243,221	5,663,556	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WATSEKA HEALTH CARE
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765
Health Service Area 004 Planning Service Area 075

Administrator
Linda Hasbargen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	2
Developmental Disability	2
Circulatory System	26
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	123	113	85	113	77	46	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	85	113	77	46	23	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	77
Total Admissions 2007	117
Total Discharges 2007	117
Residents on 12/31/2007	77

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3923	46.7%	19923	44.4%	4808	28654	63.8%	69.5%
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	3923	46.7%	19923	44.4%	4808	28654	63.8%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	15	10	0	0	0	0	0	0	15	10	25
85+	8	6	0	0	0	0	0	0	8	6	14
TOTALS	40	37	0	0	0	0	0	0	40	37	77

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WATSEKA HEALTH CARE
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765
Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	57	1	0	11	0	77
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
TOTALS	8	57	1	0	11	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

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	30.00
Other Health Staff	0.00
Non-Health Staff	27.00
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
35.5%	50.1%	1.1%	0.0%	13.3%	100.0%		0.0%
1,271,018	1,795,753	40,753	0	475,275	3,582,799	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Wauconda Healthcare & Rehab
176 Thomas Court
Wauconda, IL. 60084

Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

Administrator
Kathy Berg

Contact Person and Telephone
Kathy Berg
847-526-5551

Date Completed
5/29/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	6
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	48
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	13
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	114

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	125	125	125	125	114	11	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	125	125	125	125	114	11	120	40

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	111
Total Admissions 2007	313
Total Discharges 2007	310
Residents on 12/31/2007	114

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7948	18.1%	23517	161.1%	9917	41382	90.7%	90.7%
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	7948	18.1%	23517	161.1%	9917	41382	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	4	33	0	0	0	0	0	0	4	33	37
85+	9	51	0	0	0	0	0	0	9	51	60
TOTALS	22	92	0	0	0	0	0	0	22	92	114

Wauconda Healthcare & Rehab
176 Thomas Court
Wauconda, IL. 60084

Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	57	0	3	29	0	114
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
TOTALS	25	57	0	3	29	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	3.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	60.00
Totals	142.00

NET REVENUE BY PAYOR 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%	35.6%	0.0%	1.3%	22.9%	100.0%		0.0%
3,533,622	3,123,420	0	112,409	2,011,129	8,780,580	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229
Health Service Area 008 Planning Service Area 097

Administrator
Desiree Mathews-Plonowski

Contact Person and Telephone
Carol Nally
309-343-7777, ext. 5081

Date Completed
4/30/2008

Registered Agent Information
Mike Bibo
285 S. Farnham St.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	5
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	5

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			1825	83.3%	0	1825	83.3%	83.3%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	2	0	0	3	2	5

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	207
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	2.20
Other Health Staff	0.11
Non-Health Staff	0.48
Totals	3.04

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	93.8%	0.0%	0.0%	6.2%	100.0%		0.0%
0	394,508	0	0	26,046	420,554	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WAY-FAIR
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6009815
Health Service Area 005 Planning Service Area 191

Administrator
Katherine J. Bunting

Contact Person and Telephone
Katherine J. Bunting
618-842-2611

Date Completed
5/2/2008

Registered Agent Information
Harlan Yates
303 NW 11th Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	22
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	10
Circulatory System	22
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	104	101	91	101	91	13	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	101	91	101	91	13	104	104

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	85
Total Admissions 2007	84
Total Discharges 2007	78
Residents on 12/31/2007	91

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2817	7.4%	21608	56.9%	6640	31065	81.8%	84.3%
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%
TOTALS	2817	7.4%	21608	56.9%	6640	31065	81.8%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	14	35	0	0	0	0	0	0	14	35	49
TOTALS	29	62	0	0	0	0	0	0	29	62	91

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WAY-FAIR
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6009815
Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	65	0	0	14	0	91
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
TOTALS	12	65	0	0	14	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	20.00
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
32.3%	46.5%	0.0%	2.9%	18.3%	100.0%		0.0%
1,060,404	1,525,595	0	95,415	601,158	3,282,572	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESLEY VILLAGE HEALTH CARE CTR
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
7/15/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	72	73	65	8	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	73	73	72	73	65	8	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	70
Total Admissions 2007	93
Total Discharges 2007	98
Residents on 12/31/2007	65

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1645	0.0%	11314	0.0%	11790	24749	92.9%	92.9%
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	1645	0.0%	11314	0.0%	11790	24749	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	18	0	0	0	0	0	0	2	18	20
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	12	53	0	0	0	0	0	0	12	53	65

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WESLEY VILLAGE HEALTH CARE CTR
1200 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6009864
Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	27	0	0	37	0	65
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
TOTALS	1	27	0	0	37	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.60
LPN's	11.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	34.00
Totals	98.60

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
14.2%	37.2%	0.0%	0.0%	48.6%	100.0%		0.0%
399,019	1,044,817	0	0	1,367,799	2,811,637	0	

West Chicago Terrace
928 Joliet Road
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872
Health Service Area 007 Planning Service Area 703

Administrator
Kimberly M. Steele

Contact Person and Telephone
Kimberly M. Steele
630-231-9292

Date Completed
4/30/2008

Registered Agent Information
Avrum Winfield
6865 North Lincoln Avenue

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable 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	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	59
Developmental Disability	0
Circulatory System	4
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	29
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	120	0	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	120	0	0	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	118
Total Admissions 2007	32
Total Discharges 2007	30
Residents on 12/31/2007	120

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	40610	92.7%	3190	43800	100.0%	100.0%
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	0	0.0%	40610	92.7%	3190	43800	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	0	0	0	0	0	0	20	17	37
45 to 59	19	16	0	0	0	0	0	0	19	16	35
60 to 64	9	12	0	0	0	0	0	0	9	12	21
65 to 74	7	6	0	0	0	0	0	0	7	6	13
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	61	59	0	0	0	0	0	0	61	59	120

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

West Chicago Terrace
928 Joliet Road
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	6	0	120
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
TOTALS	0	114	0	0	6	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	4	0	0	0	4
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

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	32.00
Other Health Staff	2.00
Non-Health Staff	32.00
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%	95.6%	0.0%	0.0%	4.4%	100.0%		0.0%
0	3,819,129	0	0	175,113	3,994,242	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

West Grove
R.R. 1, Box 417
Lawrenceville, IL. 62439

Reference Numbers Facility ID 6011423
Health Service Area 007 Planning Service Area 705

Administrator
Deanna Gillis

Contact Person and Telephone
William Robert Gillis
618-945-2091

Date Completed
4/10/2008

Registered Agent Information
James D. Stout
324 N. Main St.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	14
Total Admissions 2007	1
Total Discharges 2007	0
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5583	95.6%	0	5583	95.6%	95.6%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5583	95.6%	0	5583	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

West Grove
R.R. 1, Box 417
Lawrenceville, IL. 62439

Reference Numbers Facility ID 6011423
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		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	4.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	609,409	0	0	0	609,409	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WEST SUBURBAN CARE CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

Administrator
Aimee L. Musial

Contact Person and Telephone
Aimee L. Musial
630-894-7400

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	22
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	13
Mental Illness	3
Developmental Disability	0
Circulatory System	40
Respiratory System	25
Digestive System	1
Genitourinary System Disorders	13
Skin Disorders	6
Musculo-skeletal Disorders	16
Injuries and Poisonings	9
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	259	259	194	259	192	67	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	194	259	192	67	30	259

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	168
Total Admissions 2007	243
Total Discharges 2007	219
Residents on 12/31/2007	192

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10220	93.3%	48182	51.0%	9125	67527	71.4%	71.4%
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%
TOTALS	10220	93.3%	48182	51.0%	9125	67527	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	10	8	18
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	13	21	0	0	0	0	0	0	13	21	34
75 to 84	20	46	0	0	0	0	0	0	20	46	66
85+	11	48	0	0	0	0	0	0	11	48	59
TOTALS	62	130	0	0	0	0	0	0	62	130	192

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WEST SUBURBAN CARE CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	145	0	3	16	0	192
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
TOTALS	28	145	0	3	16	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	16	0	0	0	16
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	13.00
Certified Aides	59.00
Other Health Staff	15.00
Non-Health Staff	46.00
Totals	158.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
28.9%	55.1%	0.0%	5.0%	11.0%	100.0%		0.0%
3,439,391	6,558,215	0	591,468	1,305,117	11,894,191	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WEST SUBURBAN HOSPITAL & MED C
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
4/30/2008

Registered Agent Information

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	79	79	42	79	36	43	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	79	79	42	79	36	43	50	26

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	27
Total Admissions 2007	811
Total Discharges 2007	802
Residents on 12/31/2007	36

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9555	52.4%	0	0.0%	2155	11710	40.6%	40.6%
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%
TOTALS	9555	52.4%	0	0.0%	2155	11710	40.6%	40.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	12	24	0	0	0	0	0	0	12	24	36

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WEST SUBURBAN HOSPITAL & MED C
ERIE AT AUSTIN
OAK PARK, IL. 60302

Reference Numbers Facility ID 6013478
Health Service Area 007 Planning Service Area 704

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	0	0	11	0	0	36
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
TOTALS	25	0	0	11	0	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	610	610
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	2.00
Non-Health Staff	4.00
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%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID 6014955
Health Service Area 007 Planning Service Area 703

Administrator
Cathy Flanagan

Contact Person and Telephone
Cathy Flanagan
630-810-0600

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	55	55	55	55	49	6	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	25	2		
TOTAL BEDS	82	82	82	82	74	8	55	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	73
Total Admissions 2007	212
Total Discharges 2007	211
Residents on 12/31/2007	74

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5538	27.6%	0	0.0%	12340	17878	89.1%	89.1%
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					8847	8847	89.8%	89.8%
TOTALS	5538	27.6%	0	0.0%	21187	26725	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	3	2	5	7	12
85+	13	28	0	0	0	0	4	16	17	44	61
TOTALS	15	34	0	0	0	0	7	18	22	52	74

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID 6014955
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	1	35	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	13	0	0	1	60	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	185	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	25	72
Race Unknown	0	0	0	0	0
Total	49	0	0	25	74

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	25	74
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	25	74

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	27.00
Other Health Staff	0.00
Non-Health Staff	42.00
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
34.8%	0.0%	0.0%	1.2%	64.0%	100.0%		0.0%
2,362,747	0	0	80,179	4,339,311	6,782,237	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTCHESTER HEALTH & REHAB CTR
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173
Health Service Area 007 Planning Service Area 704

Administrator
Patricia Calvin

Contact Person and Telephone
Patricia Calvin
708-531-1441

Date Completed
7/15/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	7
Blood Disorders	7
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	120	120	115	120	88	32	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	120	120	115	120	88	32	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	104
Total Admissions 2007	314
Total Discharges 2007	330
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6879	0.0%	22563	0.0%	6414	35856	81.9%	81.9%
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	6879	0.0%	22563	0.0%	6414	35856	81.9%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	19	0	0	0	0	0	0	7	19	26
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	22	66	0	0	0	0	0	0	22	66	88

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WESTCHESTER HEALTH & REHAB CTR
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	62	0	0	15	0	88
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
TOTALS	11	62	0	0	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	225
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	2	0	0	0	2
Total	88	0	0	0	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.40
LPN's	13.80
Certified Aides	32.10
Other Health Staff	6.80
Non-Health Staff	36.40
Totals	96.50

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
38.1%	38.6%	1.4%	3.2%	18.7%	100.0%		0.0%
2,532,918	2,568,715	91,861	213,092	1,244,998	6,651,584	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652
Health Service Area 011 Planning Service Area 027

Administrator
Amanda Welsh

Contact Person and Telephone
Amanda Welsh
618-594-8188

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	1
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5594	95.8%	0	5594	95.8%	95.8%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5594	95.8%	0	5594	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	2	0	0	1	2	3
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	1	0	0	0	1	1
TOTALS	0	0	0	0	9	6	0	0	9	6	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652
Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.50

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%	86.6%	13.4%	0.0%	0.0%	100.0%		0.0%
0	552,837	85,451	0	0	638,288	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/30/2008

Registered Agent Information
Peter Mulvey
3200 Grant

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	12
Alzheimer Disease	65
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	187

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	210	202	198	202	183	27	111	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	51	51	5	51	4	47		
TOTAL BEDS	261	253	203	253	187	74	111	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	173
Total Admissions 2007	434
Total Discharges 2007	420
Residents on 12/31/2007	187

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6776	16.7%	0	0.0%	59371	66147	86.3%	89.7%
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					1575	1575	8.5%	8.5%
TOTALS	6776	16.7%	0	0.0%	60946	67722	71.1%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
75 to 84	13	31	0	0	0	0	0	1	13	32	45
85+	38	94	0	0	0	0	0	3	38	97	135
TOTALS	55	128	0	0	0	0	0	4	55	132	187

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007603
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	0	161	6	183
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	1	4
TOTALS	16	0	0	0	164	7	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	311	234
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	215	195

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	180	0	0	4	184
Race Unknown	0	0	0	0	0
Total	183	0	0	4	187

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	183	0	0	4	187
Ethnicity Unknown	0	0	0	0	0
Total	183	0	0	4	187

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.70
Director of Nursing	1.00
Registered Nurses	30.90
LPN's	8.40
Certified Aides	87.00
Other Health Staff	19.00
Non-Health Staff	13.00
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
21.1%	0.0%	0.0%	0.0%	78.9%	100.0%		0.0%
1,652,083	0	0	0	6,172,719	7,824,802	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922
Health Service Area 004 Planning Service Area 113

Administrator
Rhonda Polzin

Contact Person and Telephone
Rhonda Polzin
309-663-6474

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	63

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	72	70	72	63	15	8	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	72	70	72	63	15	8	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	135
Total Discharges 2007	141
Residents on 12/31/2007	63

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1631	55.9%	0	0.0%	22259	23890	83.9%	90.9%
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	1631	55.9%	0	0.0%	22259	23890	83.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	4	6	10
85+	17	36	0	0	0	0	0	0	17	36	53
TOTALS	21	42	0	0	0	0	0	0	21	42	63

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922
Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	63	0	63
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
TOTALS	0	0	0	0	63	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	2.00
Non-Health Staff	6.00
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
13.3%	0.0%	0.0%	0.0%	86.7%	100.0%		0.0%
547,158	0	0	0	3,570,886	4,118,045	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTMONT CONVALESCENT CENTER
6501 SOUTH CASS
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930
Health Service Area 007 Planning Service Area 703

Administrator
Samuel Biber

Contact Person and Telephone
Samuel Biber
630-960-2026

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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	5
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	45
Mental Illness	5
Developmental Disability	4
Circulatory System	55
Respiratory System	17
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	191

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	215	215	203	215	191	24	87	215
Skilled Under 22	0	0	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	203	215	191	24	87	215

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	190
Total Admissions 2007	418
Total Discharges 2007	417
Residents on 12/31/2007	191

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7779	24.5%	47751	60.8%	15299	70829	90.3%	90.3%
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%
TOTALS	7779	24.5%	47751	60.8%	15299	70829	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	8	0	0	0	0	0	0	4	8	12
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	17	22	0	0	0	0	0	0	17	22	39
75 to 84	28	29	0	0	0	0	0	0	28	29	57
85+	6	68	0	0	0	0	0	0	6	68	74
TOTALS	59	132	0	0	0	0	0	0	59	132	191

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WESTMONT CONVALESCENT CENTER
6501 SOUTH CASS
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	138	3	0	36	0	191
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
TOTALS	14	138	3	0	36	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	183	0	0	0	183
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	191	0	0	0	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	19.00
Certified Aides	74.00
Other Health Staff	1.00
Non-Health Staff	51.00
Totals	164.00

NET REVENUE BY PAYOR 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%	51.5%	1.1%	0.4%	21.6%	100.0%		0.0%
2,731,893	5,530,781	115,054	41,639	2,313,367	10,732,734	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTSHIRE NURSING & REHAB CTR
5825 WEST CERMAK ROAD
CICERO, IL. 60804

Reference Numbers Facility ID 6009948
Health Service Area 007 Planning Service Area 704

Administrator
Blake A. Willey

Contact Person and Telephone
Blake A. Willey
708-656-9120

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	90
Blood Disorders	3
*Nervous System Non Alzheimer	27
Alzheimer Disease	4
Mental Illness	96
Developmental Disability	0
Circulatory System	20
Respiratory System	54
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	21
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	337

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	485	444	349	444	337	148	33	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	444	349	444	337	148	33	485

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	303
Total Admissions 2007	132
Total Discharges 2007	98
Residents on 12/31/2007	337

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1860	15.4%	114266	64.5%	432	116558	65.8%	71.9%
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	1860	15.4%	114266	64.5%	432	116558	65.8%	71.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	39	18	0	0	0	0	0	0	39	18	57
45 to 59	98	45	0	0	0	0	0	0	98	45	143
60 to 64	17	20	0	0	0	0	0	0	17	20	37
65 to 74	35	17	0	0	0	0	0	0	35	17	52
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	204	133	0	0	0	0	0	0	204	133	337

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTSHIRE NURSING & REHAB CTR
5825 WEST CERMAK ROAD
CICERO, IL. 60804

Reference Numbers Facility ID 6009948
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	321	3	0	6	0	337
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
TOTALS	7	321	3	0	6	0	337

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	156	0	0	0	156
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	4	0	0	0	4
Total	337	0	0	0	337

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	37	0	0	0	37
Non-Hispanic	300	0	0	0	300
Ethnicity Unknown	0	0	0	0	0
Total	337	0	0	0	337

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	34.00
Certified Aides	75.00
Other Health Staff	0.00
Non-Health Staff	122.00
Totals	242.00

NET REVENUE BY PAYOR 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%	95.6%	0.0%	0.0%	1.3%	100.0%		0.0%
403,948	12,443,203	0	0	168,760	13,015,911	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WESTSIDE CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6000194
Health Service Area 005 Planning Service Area 055

Administrator
James Barron

Contact Person and Telephone
James Barron
618-932-2109

Date Completed
5/21/2008

Registered Agent Information
James B. Barron
601 N. Columbia Street

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	1
Circulatory System	17
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	2
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	96	92	74	92	62	34	40	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	92	74	92	62	34	40	96

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	65
Total Admissions 2007	131
Total Discharges 2007	134
Residents on 12/31/2007	62

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3148	21.6%	15598	44.5%	3592	22338	63.8%	66.5%
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	3148	21.6%	15598	44.5%	3592	22338	63.8%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	23	39	0	0	0	0	0	0	23	39	62

WESTSIDE CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6000194
Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	41	0	0	10	0	62
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
TOTALS	11	41	0	0	10	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	6.00
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
45.4%	44.4%	0.0%	0.0%	10.1%	100.0%		0.0%
1,169,028	1,142,372	0	0	261,051	2,572,451	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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, Ph.D.

Contact Person and Telephone
Dr. Joseph Liberman Ph.D.
773-274-7705

Date Completed
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	106
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	110

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	115	115	110	5	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	110	5	0	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	100
Total Admissions 2007	46
Total Discharges 2007	36
Residents on 12/31/2007	110

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	36915	87.9%	730	37645	89.7%	89.7%
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	0	0.0%	36915	87.9%	730	37645	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	6	8	14
45 to 59	36	18	0	0	0	0	0	0	36	18	54
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	58	52	0	0	0	0	0	0	58	52	110

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

Westwood Manor
2444 West Touhy Avenue
CHICAGO, IL. 60645

Reference Numbers Facility ID 6009955
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	107	0	0	3	0	110
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
TOTALS	0	107	0	0	3	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	22.00
Other Health Staff	4.00
Non-Health Staff	16.00
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%	99.0%	0.0%	0.0%	1.0%	100.0%		0.0%
0	3,732,489	0	0	38,325	3,770,814	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431
Health Service Area 005 Planning Service Area 049

Administrator
Jennifer Allsopp

Contact Person and Telephone
Jennifer Allsopp
(217)260-4755

Date Completed
5/10/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY 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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	1
Total Discharges 2007	2
Residents on 12/31/2007	15

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5840	100.0%	0	5840	100.0%	100.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	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	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	12	3	0	0	12	3	15

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431
Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		13	0	0	2	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	2	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	108	103
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.75
Non-Health Staff	1.25
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%	69.9%	0.0%	0.0%	30.1%	100.0%		0.0%
0	409,188	0	0	176,606	585,794	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6009963
Health Service Area 007 Planning Service Area 703

Administrator
Todd Tedrow

Contact Person and Telephone
Lolita Munsayac
630-668-2500

Date Completed
5/2/2008

Registered Agent Information
Eric Rothner Limited Partnership
2201West Main street

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-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	3
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	40
Developmental Disability	4
Circulatory System	16
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	123	123	123	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	123	123	119	4	81	123

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	121
Total Admissions 2007	61
Total Discharges 2007	63
Residents on 12/31/2007	119

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1524	5.2%	39597	88.2%	2304	43425	96.7%	96.7%
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	1524	5.2%	39597	88.2%	2304	43425	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	11	7	18
45 to 59	24	20	0	0	0	0	0	0	24	20	44
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	59	60	0	0	0	0	0	0	59	60	119

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6009963
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	111	0	0	6	0	119
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
TOTALS	2	111	0	0	6	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	23.00
Non-Health Staff	0.00
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
6.6%	89.1%	0.0%	0.3%	4.0%	100.0%		0.0%
347,294	4,709,860	0	17,636	210,195	5,284,985	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538
Health Service Area 005 Planning Service Area 069

Administrator
Rebekah Mahoney

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	13
Total Admissions 2007	1
Total Discharges 2007	1
Residents on 12/31/2007	13

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			4870	83.4%	0	4870	83.4%	83.4%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	4870	83.4%	0	4870	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	0	4	0	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	5	0	0	8	5	13

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538
Health Service Area 005 Planning Service Area 069

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		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	115	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	14.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	490,225	0	0	0	490,225	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

White Hall Nrsg & Rehab Ctr LLC
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597
Health Service Area 003 Planning Service Area 061

Administrator
Lisa Clark

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
5/1/2008

Registered Agent Information
IL Corporation Service CO
801 Adlai Stevenson Dr.

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	10
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	4
Developmental Disability	1
Circulatory System	17
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	15
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	96	119	95	24	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	96	119	95	24	119	119

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	102
Total Discharges 2007	89
Residents on 12/31/2007	95

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4832	11.1%	20493	47.2%	7611	32936	75.8%	75.8%
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	4832	11.1%	20493	47.2%	7611	32936	75.8%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	19	30	0	0	0	0	0	0	19	30	49
TOTALS	40	55	0	0	0	0	0	0	40	55	95

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

White Hall Nrsg & Rehab Ctr LLC
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597
Health Service Area 003 Planning Service Area 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	63	0	1	21	0	95
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
TOTALS	10	63	0	1	21	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	111	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	15.00
Non-Health Staff	15.00
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
40.4%	40.7%	1.3%	0.5%	17.1%	100.0%		0.0%
1,688,124	1,699,962	55,368	21,648	713,153	4,178,255	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WHITE OAK REHABILITATION AND HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881
Health Service Area 005 Planning Service Area 081

Administrator
Kathleen Carter

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Dr

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	1
Circulatory System	10
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	64	64	64	54	11	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	64	64	64	54	11	65	65

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	54
Total Admissions 2007	317
Total Discharges 2007	317
Residents on 12/31/2007	54

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5992	25.3%	10009	42.2%	4555	20556	86.6%	88.0%
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	5992	25.3%	10009	42.2%	4555	20556	86.6%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	21	33	0	0	0	0	0	0	21	33	54

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WHITE OAK REHABILITATION AND HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881
Health Service Area 005 Planning Service Area 081

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	28	0	2	10	0	54
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
TOTALS	14	28	0	2	10	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	3	0	0	0	3
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	5.00
Non-Health Staff	11.00
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
63.4%	22.9%	0.0%	0.0%	13.7%	100.0%		0.0%
2,305,518	831,568	0	0	499,922	3,637,008	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

Administrator
Diane L. Androvich

Contact Person and Telephone
Cindy Cohen
847-945-4600

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	28
Mental Illness	2
Developmental Disability	0
Circulatory System	42
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	157

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	179	179	157	33	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	190	179	179	157	33	190	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	151
Total Admissions 2007	1294
Total Discharges 2007	1288
Residents on 12/31/2007	157

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	26244	37.8%	0	0.0%	31239	57483	82.9%	82.9%
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	26244	37.8%	0	0.0%	31239	57483	82.9%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	0	2	2
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	17	43	0	0	0	0	0	0	17	43	60
85+	20	57	0	0	0	0	0	0	20	57	77
TOTALS	47	110	0	0	0	0	0	0	47	110	157

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	66	0	0	12	79	0	157
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
TOTALS	66	0	0	12	79	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	221
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	13.00
Certified Aides	79.00
Other Health Staff	17.00
Non-Health Staff	81.00
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
56.0%	0.0%	0.0%	0.2%	43.8%	100.0%		0.0%
10,485,106	0	0	39,768	8,200,713	18,725,588	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/5/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	17
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	116	116	103	116	88	28	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	88	28	58	116

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	82
Total Admissions 2007	217
Total Discharges 2007	211
Residents on 12/31/2007	88

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5225	24.7%	16183	38.2%	8134	29542	69.8%	69.8%
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	5225	24.7%	16183	38.2%	8134	29542	69.8%	69.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	6	0	0	0	0	0	0	2	6	8
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	7	17	0	0	0	0	0	0	7	17	24
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	36	52	0	0	0	0	0	0	36	52	88

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008379
Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	57	0	0	21	0	88
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
TOTALS	10	57	0	0	21	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

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	35.00
Other Health Staff	3.00
Non-Health Staff	17.00
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
38.4%	40.1%	0.0%	0.0%	21.5%	100.0%		0.0%
1,902,238	1,990,216	0	0	1,065,596	4,958,050	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014559
Health Service Area 009 Planning Service Area 197

Administrator
Cheryl Carpenter

Contact Person and Telephone
Cheryl Carpenter
(708) 534-5821

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	2
Total Discharges 2007	2
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5663	97.0%	0	5663	97.0%	97.0%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5663	97.0%	0	5663	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	6	0	0	2	6	8
45 to 59	0	0	0	0	6	2	0	0	6	2	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	8	8	0	0	8	8	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014559
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	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		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	194
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	13.75
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.75

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%	89.6%	10.4%	0.0%	0.0%	100.0%		0.0%
0	921,465	106,678	0	0	1,028,143	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6003842
Health Service Area 003 Planning Service Area 083

Administrator
Linda Franklin

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
5/1/2008

Registered Agent Information
Marikay Snyder
830 W Trailcreek Dr

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	3
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	10
Developmental Disability	3
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	61

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	94	76	94	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	94	76	94	61	37	98	98

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	76
Total Admissions 2007	67
Total Discharges 2007	82
Residents on 12/31/2007	61

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1560	4.4%	18400	51.4%	4869	24829	69.4%	72.4%
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%
TOTALS	1560	4.4%	18400	51.4%	4869	24829	69.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	3	25	0	0	0	0	0	0	3	25	28
TOTALS	20	41	0	0	0	0	0	0	20	41	61

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6003842
Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	47	0	1	13	0	61
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
TOTALS	0	47	0	1	13	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	1.00
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
25.0%	52.7%	0.0%	0.0%	22.3%	100.0%		0.0%
771,657	1,628,678	0	0	689,477	3,089,812	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

Administrator
Debra Adkins

Contact Person and Telephone
Debra Adkins
(815)316-1500

Date Completed
5/2/2008

Registered Agent Information
William T. Pratt
4141 N. Rockton Ave.

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	25
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	15
Mental Illness	41
Developmental Disability	0
Circulatory System	75
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	91	91	91	91	78	13	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	163	202	157	45		
TOTAL BEDS	293	293	254	293	235	58	0	91

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	237
Total Admissions 2007	412
Total Discharges 2007	414
Residents on 12/31/2007	235

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5057	0.0%	4430	13.3%	20913	30400	91.5%	91.5%
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					55769	55769	75.6%	75.6%
TOTALS	5057	0.0%	4430	13.3%	76682	86169	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	2	2	6	3	9
75 to 84	5	18	0	0	0	0	11	34	16	52	68
85+	16	34	0	0	0	0	31	75	47	109	156
TOTALS	25	53	0	0	0	0	44	113	69	166	235

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	11	0	0	53	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	157	0	157
TOTALS	14	11	0	0	210	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	157	235
Race Unknown	0	0	0	0	0
Total	78	0	0	157	235

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	157	235
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	157	235

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	27.00
Certified Aides	77.00
Other Health Staff	5.00
Non-Health Staff	133.00
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
25.1%	3.1%	0.0%	0.0%	71.8%	100.0%		1.0%
2,142,679	261,705	0	0	6,117,482	8,521,866	85,800	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/2/2008

Registered Agent Information
Meyer Megence
8320 Skokie Blvd.

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	187
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	187

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	191	198	187	11	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	191	198	187	11	0	198

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	188
Total Admissions 2007	108
Total Discharges 2007	109
Residents on 12/31/2007	187

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	64303	89.0%	3218	67521	93.4%	93.4%
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%
TOTALS	0	0.0%	64303	89.0%	3218	67521	93.4%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	13	0	0	0	0	0	0	44	13	57
45 to 59	82	26	0	0	0	0	0	0	82	26	108
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	11	3	0	0	0	0	0	0	11	3	14
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	142	45	0	0	0	0	0	0	142	45	187

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6010045
Health Service Area 006 Planning Service Area 601

RESIDENTS 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	0	0	3	0	187
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
TOTALS	0	184	0	0	3	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	96	0	0	0	96
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	17	0	0	0	17
Total	187	0	0	0	187

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

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	31.00
Other Health Staff	48.00
Non-Health Staff	0.00
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
0.0%	78.8%	0.0%	0.0%	21.2%	100.0%		0.0%
0	4,869,501	0	0	1,312,447	6,181,948	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Anne Wagner

Contact Person and Telephone
Eleanor Urbanozo
847-377-7306

Date Completed
4/21/2008

Registered Agent Information

FACILITY OWNERSHIP
COUNTY

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	16
Mental Illness	7
Developmental Disability	0
Circulatory System	52
Respiratory System	30
Digestive System	10
Genitourinary System Disorders	14
Skin Disorders	4
Musculo-skeletal Disorders	26
Injuries and Poisonings	5
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	360	280	258	280	232	128	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	360	280	258	280	232	128	360	360

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	252
Total Admissions 2007	193
Total Discharges 2007	213
Residents on 12/31/2007	232

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9069	6.9%	66828	50.9%	13661	89558	68.2%	87.6%
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%
TOTALS	9069	6.9%	66828	50.9%	13661	89558	68.2%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	5	0	0	0	0	0	0	6	5	11
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	11	56	0	0	0	0	0	0	11	56	67
85+	15	119	0	0	0	0	0	0	15	119	134
TOTALS	38	194	0	0	0	0	0	0	38	194	232

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WINCHESTER HOUSE NURSING HOME
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	164	0	0	44	0	232
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
TOTALS	24	164	0	0	44	0	232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	4	0	0	0	4
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	220	0	0	0	220
Race Unknown	0	0	0	0	0
Total	232	0	0	0	232

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	228	0	0	0	228
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.40
LPN's	8.00
Certified Aides	106.20
Other Health Staff	19.70
Non-Health Staff	72.76
Totals	238.06

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
16.0%	57.0%	0.0%	0.0%	27.0%	100.0%		0.0%
3,266,242	11,631,920	0	0	5,514,157	20,412,319	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WINCREST NURSING CENTER
6326 NORTH WINTHROP AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010060
Health Service Area 006 Planning Service Area 601

Administrator
Narad Persadsingh

Contact Person and Telephone
Narad Persadsingh
773 338 7800

Date Completed
5/4/2008

Registered Agent Information
Kenneth K Ditkowsky
5940 W Touhy Ave
Niles, IL 60714

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

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
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	82	82	80	82	69	13	0	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	80	82	69	13	0	82

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	69
Total Admissions 2007	197
Total Discharges 2007	197
Residents on 12/31/2007	69

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	25126	83.9%	365	25491	85.2%	85.2%
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%
TOTALS	0	0.0%	25126	83.9%	365	25491	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	2	0	0	0	0	0	0	9	2	11
45 to 59	28	10	0	0	0	0	0	0	28	10	38
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	48	21	0	0	0	0	0	0	48	21	69

WINCREST NURSING CENTER
6326 NORTH WINTHROP AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010060
Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	68	0	0	1	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
TOTALS	0	68	0	0	1	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	82	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	1	0	0	0	1
Total	69	0	0	0	69

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	4.00
Non-Health Staff	12.00
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%	78.0%	20.7%	0.0%	1.4%	100.0%		0.0%
0	1,666,822	442,204	0	29,278	2,138,304	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	2
Circulatory System	82
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	150	150	150	150	137	13	100	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	100	150

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	136
Total Admissions 2007	130
Total Discharges 2007	129
Residents on 12/31/2007	137

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3533	9.7%	34378	62.8%	11199	49110	89.7%	89.7%
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	3533	9.7%	34378	62.8%	11199	49110	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	18	30	0	0	0	0	0	0	18	30	48
85+	7	48	0	0	0	0	0	0	7	48	55
TOTALS	38	99	0	0	0	0	0	0	38	99	137

WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6010078
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	10	120	0	0	7	0	137
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
TOTALS	10	120	0	0	7	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	85	0	0	0	85
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

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	36.00
Other Health Staff	23.00
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
31.2%	64.0%	0.0%	0.0%	4.8%	100.0%		0.0%
2,296,496	4,707,536	0	0	350,914	7,354,946	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WINDSOR PARK MANOR
124 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753
Health Service Area 007 Planning Service Area 703

Administrator
Courtney Littlejohn

Contact Person and Telephone
Courtney Littlejohn
630-510-5200

Date Completed
4/30/2008

Registered Agent Information
Grant Erickson
1625 Shermer Road

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	80	80	76	80	73	7	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	80	76	80	73	7	32	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	66
Total Admissions 2007	213
Total Discharges 2007	206
Residents on 12/31/2007	73

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3015	25.8%	0	0.0%	23237	26252	89.9%	89.9%
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	3015	25.8%	0	0.0%	23237	26252	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	11	0	0	0	0	0	0	6	11	17
85+	17	37	0	0	0	0	0	0	17	37	54
TOTALS	24	49	0	0	0	0	0	0	24	49	73

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WINDSOR PARK MANOR
124 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	0	0	0	61	0	73
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
TOTALS	12	0	0	0	61	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	223
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	3.00
Non-Health Staff	24.00
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
17.0%	0.0%	0.0%	0.0%	83.0%	100.0%		0.5%
1,132,225	0	0	0	5,512,246	6,644,471	36,441	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WINFIELD WOODS
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
5/5/2008

Registered Agent Information
Susan Simonsen
16 W 347 83rd Street, Suite C
BurrRidge, IL 60527

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	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	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	118
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	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	138	138	138	138	132	6	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	132	6	0	138

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	131
Total Admissions 2007	26
Total Discharges 2007	25
Residents on 12/31/2007	132

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	41214	81.8%	7285	48499	96.3%	96.3%
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%
TOTALS	0	0.0%	41214	81.8%	7285	48499	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	7	0	0	0	0	0	0	4	7	11
45 to 59	36	23	0	0	0	0	0	0	36	23	59
60 to 64	12	14	0	0	0	0	0	0	12	14	26
65 to 74	6	20	0	0	0	0	0	0	6	20	26
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	62	70	0	0	0	0	0	0	62	70	132

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WINFIELD WOODS
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	3	0	14	0	132
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
TOTALS	0	115	3	0	14	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	27.00
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
0.0%	84.8%	0.0%	0.0%	15.2%	100.0%		0.0%
0	4,329,669	0	0	774,168	5,103,837	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094
Health Service Area 001 Planning Service Area 195

Administrator
Robert Yearian

Contact Person and Telephone

815-537-5358

Date Completed
4/30/2008

Registered Agent Information
Mr. Paul Osborn
701 East Third Street

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	49
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	80	80	78	2	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	80	80	78	2	80	80

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	78
Total Admissions 2007	7
Total Discharges 2007	7
Residents on 12/31/2007	78

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	552	1.9%	26691	91.4%	1644	28887	98.9%	98.9%
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	552	1.9%	26691	91.4%	1644	28887	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	10	0	0	0	0	0	0	28	10	38
45 to 59	28	8	0	0	0	0	0	0	28	8	36
60 to 64	4	0	0	0	0	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	60	18	0	0	0	0	0	0	60	18	78

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094
Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	70	0	0	6	0	78
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
TOTALS	2	70	0	0	6	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	10.00
Non-Health Staff	32.00
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
7.3%	82.9%	2.1%	0.0%	7.7%	100.0%		0.0%
283,948	3,241,590	82,187	0	300,759	3,908,484	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010102
Health Service Area 006 Planning Service Area 602

Administrator
Arleen Batorek

Contact Person and Telephone
Arleen Batorek
312-252-2066

Date Completed
4/25/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	3
Endocrine/Metabolic	75
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	35
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	166

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	175	180	166	14	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	175	180	166	14	0	180

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	168
Total Admissions 2007	84
Total Discharges 2007	86
Residents on 12/31/2007	166

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	60955	92.8%	730	61685	93.9%	93.9%
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	0	0.0%	60955	92.8%	730	61685	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	10	0	0	0	0	0	0	18	10	28
45 to 59	57	21	0	0	0	0	0	0	57	21	78
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	20	5	0	0	0	0	0	0	20	5	25
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	118	48	0	0	0	0	0	0	118	48	166

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010102
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	164	0	0	2	0	166
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
TOTALS	0	164	0	0	2	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	21	0	0	0	21
Total	166	0	0	0	166

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

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	32.00
Other Health Staff	0.00
Non-Health Staff	43.00
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%	98.1%	0.0%	0.0%	1.9%	100.0%		0.0%
0	5,059,265	0	0	98,550	5,157,815	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WOOD GLEN NURSING & REHAB CTR
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713
Health Service Area 007 Planning Service Area 703

Administrator
Jeff White

Contact Person and Telephone
Jeff White
630-876-8100

Registered Agent Information

Date Completed
5/1/2008

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	106
Developmental Disability	6
Circulatory System	15
Respiratory System	3
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	197

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	207	207	197	10	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	207	207	197	10	207	207

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	200
Total Admissions 2007	82
Total Discharges 2007	85
Residents on 12/31/2007	197

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1426	1.9%	68660	90.9%	4488	74574	98.7%	98.7%
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	1426	1.9%	68660	90.9%	4488	74574	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	39	18	0	0	0	0	0	0	39	18	57
45 to 59	34	22	0	0	0	0	0	0	34	22	56
60 to 64	7	14	0	0	0	0	0	0	7	14	21
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	101	96	0	0	0	0	0	0	101	96	197

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WOOD GLEN NURSING & REHAB CTR
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	183	0	0	12	0	197
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
TOTALS	2	183	0	0	12	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	166	0	0	0	166
Race Unknown	8	0	0	0	8
Total	197	0	0	0	197

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	197	0	0	0	197

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	19.00
Other Health Staff	15.00
Non-Health Staff	38.00
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
6.3%	86.7%	1.9%	0.2%	4.9%	100.0%		0.0%
563,754	7,810,686	170,859	14,208	445,331	9,004,838	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Woodbridge Nursing Pavilion
2242 North Kedzie Blvd.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

Administrator
Juvenal Jay Gonzalez

Contact Person and Telephone
Juvenal Jay Gonzalez
773-486-7700

Date Completed
5/1/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	1
Endocrine/Metabolic	26
Blood Disorders	5
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	15
Developmental Disability	0
Circulatory System	46
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	191

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	220	220	220	191	31	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	220	220	191	31	222	222

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	200
Total Admissions 2007	605
Total Discharges 2007	614
Residents on 12/31/2007	191

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9293	11.5%	59247	73.1%	3043	71583	88.3%	89.1%
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%
TOTALS	9293	11.5%	59247	73.1%	3043	71583	88.3%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	17	11	0	0	0	0	0	0	17	11	28
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	34	23	0	0	0	0	0	0	34	23	57
75 to 84	23	28	0	0	0	0	0	0	23	28	51
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	93	98	0	0	0	0	0	0	93	98	191

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

Woodbridge Nursing Pavilion
2242 North Kedzie Blvd.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	161	3	0	7	0	191
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
TOTALS	20	161	3	0	7	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	139	0	0	0	139
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	191	0	0	0	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	19.00
Certified Aides	55.00
Other Health Staff	11.00
Non-Health Staff	35.00
Totals	129.20

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
36.6%	59.3%	0.0%	0.0%	4.1%	100.0%		0.0%
3,955,423	6,400,729	0	0	439,557	10,795,709	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
Debbie Massey

Contact Person and Telephone
Debbie Massey
708-756-5200

Date Completed
4/30/2008

Registered Agent Information
Lawerence Schultz
6865 n Lincoln

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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	2
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	40
Developmental Disability	0
Circulatory System	29
Respiratory System	3
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	110

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	112	112	110	2	20	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	112	112	110	2	20	112

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	110
Total Admissions 2007	33
Total Discharges 2007	33
Residents on 12/31/2007	110

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2800	38.4%	37810	92.5%	0	40610	99.3%	99.3%
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%
TOTALS	2800	38.4%	37810	92.5%	0	40610	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	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	8	0	0	0	0	0	0	11	8	19
45 to 59	21	13	0	0	0	0	0	0	21	13	34
60 to 64	15	10	0	0	0	0	0	0	15	10	25
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	67	43	0	0	0	0	0	0	67	43	110

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

WOODSIDE MANOR
120 WEST 26TH STREET
SOUTH CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6007991
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	96	0	0	0	0	110
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
TOTALS	14	96	0	0	0	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	32.00
Other Health Staff	12.00
Non-Health Staff	24.00
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
15.3%	83.0%	0.0%	0.0%	1.7%	100.0%		0.0%
732,956	3,976,990	0	0	83,573	4,793,519	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

Administrator
laura sepessy

Contact Person and Telephone
laura sepessy
815-338-1700

Date Completed
6/2/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	2
Circulatory System	12
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	71	115	71	44	29	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	71	115	71	44	29	115

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	86
Total Admissions 2007	33
Total Discharges 2007	48
Residents on 12/31/2007	71

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1622	15.3%	20118	47.9%	3432	25172	60.0%	60.0%
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	1622	15.3%	20118	47.9%	3432	25172	60.0%	60.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	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	2	0	0	0	0	0	0	4	2	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	26	45	0	0	0	0	0	0	26	45	71

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	60	0	0	4	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
TOTALS	7	60	0	0	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

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	27.00
Other Health Staff	0.00
Non-Health Staff	36.00
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
18.1%	66.3%	1.0%	0.0%	14.6%	100.0%		0.0%
621,687	2,277,712	36,034	0	500,503	3,435,936	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WRIGHT NURSING HOME
501 EAST FRONT STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6006365
Health Service Area 001 Planning Service Area 085

Administrator
Paula Haas

Contact Person and Telephone
Paula Haas
815-947-2215

Date Completed
3/25/2008

Registered Agent Information
Paula Haas
10337 Rt 78 South
Mt Carroll, IL 61053

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	49	49	43	49	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	0	0	0	0	0		
TOTAL BEDS	49	49	43	49	38	11	0	49

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	34
Total Admissions 2007	21
Total Discharges 2007	17
Residents on 12/31/2007	38

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	5840	32.7%	8030	13870	77.6%	77.6%
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%
TOTALS	0	0.0%	5840	32.7%	8030	13870	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	11	27	0	0	0	0	0	0	11	27	38

WRIGHT NURSING HOME
501 EAST FRONT STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6006365
Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	16	0	0	22	0	38
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
TOTALS	0	16	0	0	22	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	2.00
Non-Health Staff	9.00
Totals	25.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	36.7%	0.0%	0.0%	63.3%	100.0%		0.0%
0	421,126	0	0	727,112	1,148,238	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361
Health Service Area 007 Planning Service Area 703

Administrator
Renee Cisewski

Contact Person and Telephone
Renee Cisewski
630-665-4330

Date Completed
5/2/2008

Registered Agent Information

FACILITY OWNERSHIP
NON-PROF CORPORATION

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	14
Digestive System	11
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	27
Other Medical Conditions	18
Non-Medical Conditions	11
TOTALS	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	MEDICAID CERTIFIED
Nursing Care	209	161	155	160	138	71	108	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	161	155	160	138	71	108	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	157
Total Admissions 2007	651
Total Discharges 2007	670
Residents on 12/31/2007	138

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17272	43.8%	17084	0.0%	19998	54354	71.3%	92.5%
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	17272	43.8%	17084	0.0%	19998	54354	71.3%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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+	17	67	0	0	0	0	0	0	17	67	84
TOTALS	35	103	0	0	0	0	0	0	35	103	138

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	44	0	4	50	1	138
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
TOTALS	39	44	0	4	50	1	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.64
LPN's	6.10
Certified Aides	62.43
Other Health Staff	27.53
Non-Health Staff	42.58
Totals	161.28

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
50.8%	15.5%	0.0%	0.7%	33.0%	100.0%		0.5%
7,378,821	2,254,358	0	106,551	4,786,999	14,526,729	67,608	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008

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
4/23/2008

Registered Agent Information

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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	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	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
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

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	16
Total Admissions 2007	0
Total Discharges 2007	0
Residents on 12/31/2007	16

FACILITY UTILIZATION - 2007
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	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			5704	97.7%	0	5704	97.7%	97.7%
Sheltered Care					0	0	0.0%	0.0%
TOTALS	0	0.0%	5704	97.7%	0	5704	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	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	5	4	0	0	5	4	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	10	6	0	0	10	6	16

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ZACHARY HOUSE
1102 EAST AVENUE
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6015002
Health Service Area 007 Planning Service Area 701

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		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	150	136
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SklUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	5.25
Other Health Staff	0.25
Non-Health Staff	1.00
Totals	7.65

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	792,447	0	0	0	792,447	0	

Source:Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

12/15/2008