

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET  
ELGIN, IL. 60123

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

**Administrator**  
Tajudeen Ibrahim

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	384
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>384</b>

**FACILITY OWNERSHIP**  
STATE

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	390	399	389	393	384	6	4	4	367
Skilled Under 22	0	0	0	0	0	0	0	0	1108
Intermediate DD	0	0	0	0	0	0	0	0	1091
Sheltered Care	0	0	0	0	0	0	0	0	384
<b>TOTAL BEDS</b>	<b>390</b>	<b>399</b>	<b>389</b>	<b>393</b>	<b>384</b>	<b>6</b>	<b>4</b>	<b>4</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Occ. Pct.
Nursing Care	1295	88.5%	402	27.5%	130603	29	4498	0	136827	95.9%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>1295</b>	<b>88.5%</b>	<b>402</b>	<b>27.5%</b>	<b>130603</b>	<b>29</b>	<b>4498</b>	<b>0</b>	<b>136827</b>	<b>95.9%</b>	<b>93.7%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	149	41	0	0	0	0	0	0	149	41	190
45 to 59	113	39	0	0	0	0	0	0	113	39	152
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	13	5	0	0	0	0	0	0	13	5	18
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
<b>TOTALS</b>	<b>291</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>291</b>	<b>93</b>	<b>384</b>

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET

ELGIN, IL. 60123

**Reference Numbers** Facility ID 8000005

Health Service Area 008 Planning Service Area 089

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	384	0	0	0	384
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>384</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	1	0	0	0	1
Black	156	0	0	0	156
Hawaiian/Pac. Isl.	0	0	0	0	0
White	216	0	0	0	216
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>384</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	41	0	0	0	41
Non-Hispanic	343	0	0	0	343
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>384</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	35.60
Physicians	26.85
Director of Nursing	3.00
Registered Nurses	124.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	353.00
Non-Health Staff	189.90
<b>Totals</b>	<b>732.35</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.7%	0.1%	97.9%	0.0%	0.3%	100.0%		95.8%
1,416,300	112,400	81,499,006	0	212,900	83,240,606	79,757,466	

**CHESTER MENTAL HEALTH CENTER**

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

**Administrator**

Patricia Kelley

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	262
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>262</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	305	305	305	280	262	43	0	0	277
Skilled Under 22	0	0	0	0	0	0	0	0	235
Intermediate DD	0	0	0	0	0	0	0	0	250
Sheltered Care	0	0	0	0	0	0	0	0	262
<b>TOTAL BEDS</b>	<b>305</b>	<b>305</b>	<b>305</b>	<b>280</b>	<b>262</b>	<b>43</b>	<b>0</b>	<b>0</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	551	0.0%	2098	0.0%	82347	0	16415	0	101411	90.8%	90.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>551</b>	<b>0.0%</b>	<b>2098</b>	<b>0.0%</b>	<b>82347</b>	<b>0</b>	<b>16415</b>	<b>0</b>	<b>101411</b>	<b>90.8%</b>	<b>90.8%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	158	0	0	0	0	0	0	0	158	0	158
45 to 59	87	0	0	0	0	0	0	0	87	0	87
60 to 64	7	0	0	0	0	0	0	0	7	0	7
65 to 74	7	0	0	0	0	0	0	0	7	0	7
75 to 84	3	0	0	0	0	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>262</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262</b>	<b>0</b>	<b>262</b>

**CHESTER MENTAL HEALTH CENTER**

POST OFFICE BOX 31

CHESTER, IL. 62233

**Reference Numbers** Facility ID 8000002

Health Service Area 005 Planning Service Area 157

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	8	169	2	43	0	262
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>40</b>	<b>8</b>	<b>169</b>	<b>2</b>	<b>43</b>	<b>0</b>	<b>262</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	172	0	0	0	172
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>262</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	245	0	0	0	245
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>262</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	5.89
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	13.00
Certified Aides	0.00
Other Health Staff	293.00
Non-Health Staff	121.00
<b>Totals</b>	<b>488.89</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.8%	1.0%	96.4%	0.0%	0.7%	100.0%		92.8%
938,300	514,000	48,973,871	0	376,700	50,802,871	47,144,871	

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET  
 ANNA, IL. 62906  
**Reference Numbers** Facility ID 8000004  
 Health Service Area 005 Planning Service Area 181

**Administrator**

Elaine Ray

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	40
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	14
Non-Medical Conditions	0
<b>TOTALS</b>	<b>54</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	79	79	79	79	54	25	79	79	71
Skilled Under 22	0	0	0	0	0	0	0	0	444
Intermediate DD	0	0	0	0	0	0	0	0	461
Sheltered Care	0	0	0	0	0	0	0	0	54
<b>TOTAL BEDS</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>54</b>	<b>25</b>	<b>79</b>	<b>79</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3348	11.6%	3889	13.5%	18208	0	0	0	25445	88.0%	88.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>3348</b>	<b>11.6%</b>	<b>3889</b>	<b>13.5%</b>	<b>18208</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25445</b>	<b>88.0%</b>	<b>88.0%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	6	0	0	0	0	0	0	20	6	26
45 to 59	12	8	0	0	0	0	0	0	12	8	20
60 to 64	1	3	0	0	0	0	0	0	1	3	4
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+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>36</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>18</b>	<b>54</b>

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET

ANNA, IL. 62906

**Reference Numbers** Facility ID 8000004

Health Service Area 005 Planning Service Area 181

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	1	30	0	0	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
<b>TOTALS</b>	<b>23</b>	<b>1</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.50
Physicians	4.50
Director of Nursing	0.00
Registered Nurses	30.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	75.00
Non-Health Staff	30.00
<b>Totals</b>	<b>150.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.3%	1.0%	94.7%	0.0%	0.0%	100.0%		89.5%
2,237,100	512,000	49,570,129	0	0	52,319,229	46,821,029	

**MADDEN MENTAL HEALTH CENTER**

1200 South First Avenue  
HINES, IL. 60141

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

**Administrator**

Fred Nirde

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
4/23/2009

**ADMISSION RESTRICTIONS**

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	108
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>108</b>

**FACILITY OWNERSHIP STATE**

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	175	150	145	150	108	67	28	28	128
Skilled Under 22	0	0	0	0	0	0	0	0	3704
Intermediate DD	0	0	0	0	0	0	0	0	3724
Sheltered Care	0	0	0	0	0	0	0	0	108
<b>TOTAL BEDS</b>	<b>175</b>	<b>150</b>	<b>145</b>	<b>150</b>	<b>108</b>	<b>67</b>	<b>28</b>	<b>28</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	81	0.8%	17	0.2%	48996	0	0	0	49094	76.6%	89.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>81</b>	<b>0.8%</b>	<b>17</b>	<b>0.2%</b>	<b>48996</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49094</b>	<b>76.6%</b>	<b>89.4%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	66	20	0	0	0	0	0	0	66	20	86
45 to 59	10	10	0	0	0	0	0	0	10	10	20
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>78</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>30</b>	<b>108</b>

**MADDEN MENTAL HEALTH CENTER**

1200 South First Avenue

HINES, IL. 60141

**Reference Numbers** Facility ID 8000013

Health Service Area 007 Planning Service Area 704

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	108	0	0	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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	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	28	0	0	0	28
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	40.50
Physicians	22.70
Director of Nursing	1.00
Registered Nurses	65.00
LPN's	12.00
Certified Aides	0.00
Other Health Staff	86.25
Non-Health Staff	78.00
<b>Totals</b>	<b>305.45</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.9%	0.0%	98.9%	0.0%	0.1%	99.9%		97.8%
317,300	12,600	36,577,304	0	24,400	36,985,604	36,169,004	

**CHICAGO-READ MENTAL HEALTH CTR**

4200 NORTH OAK PARK AVENUE  
 CHICAGO, IL. 60634  
**Reference Numbers** Facility ID 8000003  
 Health Service Area 006 Planning Service Area

**Administrator**

Elaine Novak

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	85
Developmental Disability	35
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>120</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008		
		SET-UP	USED					Residents on 1/1/2008		
Nursing Care	130	135	135	130	120	10	24	24	Residents on 1/1/2008	139
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	1839
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2008	1858
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2008	120
<b>TOTAL BEDS</b>	<b>130</b>	<b>135</b>	<b>135</b>	<b>130</b>	<b>120</b>	<b>10</b>	<b>24</b>	<b>24</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	126	1.4%	842	9.6%	34451	0	5554	0	40973	86.1%	82.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>126</b>	<b>1.4%</b>	<b>842</b>	<b>9.6%</b>	<b>34451</b>	<b>0</b>	<b>5554</b>	<b>0</b>	<b>40973</b>	<b>86.1%</b>	<b>82.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	46	21	0	0	0	0	0	0	46	21	67
45 to 59	28	16	0	0	0	0	0	0	28	16	44
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	1	2	0	0	0	0	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
<b>TOTALS</b>	<b>80</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>40</b>	<b>120</b>

**CHICAGO-READ MENTAL HEALTH CTR**

4200 NORTH OAK PARK AVENUE

CHICAGO, IL. 60634

**Reference Numbers** Facility ID 8000003

Health Service Area 006 Planning Service Area

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	22	77	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
<b>TOTALS</b>	<b>21</b>	<b>22</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	23	0	0	0	23
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	18.00
Director of Nursing	1.00
Registered Nurses	65.00
LPN's	4.00
Certified Aides	0.00
Other Health Staff	99.00
Non-Health Staff	90.00
<b>Totals</b>	<b>297.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.6%	1.1%	98.0%	0.0%	0.4%	100.0%		95.9%
205,100	387,000	35,532,018	0	142,600	36,266,718	34,797,318	

ALTON MENTAL HEALTH CENTER			ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS			
4500 COLLEGE AVENUE			Aggressive/Anti-Social	0	DIAGNOSIS				
ALTON, IL. 62002			Chronic Alcoholism	0	Neoplasms	0			
<b>Reference Numbers</b>	Facility ID	8000001	Developmentally Disabled	0	Endocrine/Metabolic	0			
Health Service Area	011	Planning Service Area	Drug Addiction	0	Blood Disorders	0			
			Medicaid Recipient	0	Nervous System Non Alzheimer	1			
<b>Administrator</b>			Medicare Recipient	0	Alzheimer Disease	1			
Susan Shobe			Mental Illness	0	Mental Illness	116			
<b>Contact Person and Telephone</b>			Non-Ambulatory	0	Developmental Disability	5			
Michael S. Pelletier			Non-Mobile	0	Circulatory System	0			
847-742-1040 ext. 2807			Public Aid Recipient	0	Respiratory System	0			
	<b>Date Completed</b>		Under 65 Years Old	0	Digestive System	0			
	4/20/2009		Unable to Self-Medicare	0	Genitourinary System Disorders	0			
<b>Registered Agent Information</b>			Ventilator Dependent	1	Skin Disorders	0			
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0			
			Other Restrictions	0	Injuries and Poisonings	1			
			No Restrictions	0	Other Medical Conditions	0			
<b>FACILITY OWNERSHIP</b>			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0		
STATE						TOTALS	124		

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	125	130	130	125	124	1	24	24	Total Admissions 2008	242
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	239
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	124
Sheltered Care	0	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>125</b>	<b>130</b>	<b>130</b>	<b>125</b>	<b>124</b>	<b>1</b>	<b>24</b>	<b>24</b>		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	520	5.9%	270	3.1%	42921	0	1535	0	45246	98.9%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>520</b>	<b>5.9%</b>	<b>270</b>	<b>3.1%</b>	<b>42921</b>	<b>0</b>	<b>1535</b>	<b>0</b>	<b>45246</b>	<b>98.9%</b>	<b>95.1%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	57	19	0	0	0	0	0	0	57	19	76
45 to 59	32	5	0	0	0	0	0	0	32	5	37
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	0	0	0	0	0	0	0	7	0	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
<b>TOTALS</b>	<b>98</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98</b>	<b>26</b>	<b>124</b>

**ALTON MENTAL HEALTH CENTER**

4500 COLLEGE AVENUE  
ALTON, IL. 62002

**Reference Numbers** Facility ID 8000001

Health Service Area 011 Planning Service Area 119

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

LEVEL OF CARE	Medicare		Other Medicaid		Private Insurance	Charity Pay	Charity Care	TOTALS
Nursing Care	63	2	57	0	2	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	
<b>TOTALS</b>	<b>63</b>	<b>2</b>	<b>57</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>124</b>	

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	58	0	0	0	58
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	15.00
Physicians	8.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	130.50
Non-Health Staff	66.00
<b>Totals</b>	<b>256.50</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.5%	0.3%	98.1%	0.0%	0.1%	100.0%		96.2%
445,900	86,400	29,247,877	0	38,000	29,818,177	28,677,577	

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL 62703

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

**Administrator**  
 Karen Schweighart

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	114
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>114</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by 'I'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	140	122	122	118	114	26	118	118	112
Skilled Under 22	0	0	0	0	0	0	0	0	663
Intermediate DD	0	0	0	0	0	0	0	0	661
Sheltered Care	0	0	0	0	0	0	0	0	114
<b>TOTAL BEDS</b>	<b>140</b>	<b>122</b>	<b>122</b>	<b>118</b>	<b>114</b>	<b>26</b>	<b>118</b>	<b>118</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	7537	17.5%	4645	10.8%	20607	0	9109	0	41898	81.8%	93.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>7537</b>	<b>17.5%</b>	<b>4645</b>	<b>10.8%</b>	<b>20607</b>	<b>0</b>	<b>9109</b>	<b>0</b>	<b>41898</b>	<b>81.8%</b>	<b>93.8%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	8	0	0	0	0	0	0	0	8	0	8
18 to 44	41	18	0	0	0	0	0	0	41	18	59
45 to 59	30	10	0	0	0	0	0	0	30	10	40
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>80</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>34</b>	<b>114</b>

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL. 62703

**Reference Numbers** Facility ID 8000011

Health Service Area 003 Planning Service Area 167

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	13	65	0	25	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
<b>TOTALS</b>	<b>11</b>	<b>13</b>	<b>65</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>114</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	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	83	0	0	0	83
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	6.44
Director of Nursing	1.00
Registered Nurses	38.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	104.63
Non-Health Staff	64.37
<b>Totals</b>	<b>231.94</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.2%	3.3%	80.3%	0.4%	0.8%	100.0%		60.6%
4,788,600	1,034,900	25,294,665	112,800	262,300	31,493,265	19,096,065	

**TINLEY PARK MENTAL HEALTH CTR**

7400 WEST 183RD STREET  
TINLEY PARK, IL. 60477

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

**Administrator**  
Thomas Monahan

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
4/24/2009

**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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	63
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>63</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	100	81	81	75	63	37	100	100	66
Skilled Under 22	0	0	0	0	0	0		0	1687
Intermediate DD	0	0	0	0	0	0		0	1690
Sheltered Care	0	0	0	0	0	0		0	63
<b>TOTAL BEDS</b>	<b>100</b>	<b>81</b>	<b>81</b>	<b>75</b>	<b>63</b>	<b>37</b>	<b>100</b>	<b>100</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	259	0.7%	129	0.4%	22188	0	1524	0	24100	65.8%	81.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>259</b>	<b>0.7%</b>	<b>129</b>	<b>0.4%</b>	<b>22188</b>	<b>0</b>	<b>1524</b>	<b>0</b>	<b>24100</b>	<b>65.8%</b>	<b>81.3%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	33	9	0	0	0	0	0	0	33	9	42
45 to 59	11	9	0	0	0	0	0	0	11	9	20
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>44</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>	<b>19</b>	<b>63</b>

**TINLEY PARK MENTAL HEALTH CTR**

7400 WEST 183RD STREET

TINLEY PARK, IL. 60477

Reference Numbers Facility ID 8000017

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	63	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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	10.00
Director of Nursing	2.00
Registered Nurses	31.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	63.00
Non-Health Staff	58.00
<b>Totals</b>	<b>167.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.2%	0.2%	84.6%	0.0%	0.1%	100.0%		69.1%
3,969,800	41,800	22,140,935	0	32,900	26,185,435	18,096,435	

**SINGER MENTAL HEALTH CENTER**

4402 NORTH MAIN STREET  
ROCKFORD, IL. 61103

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

**Administrator**  
Mohammad Yunus

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
4/23/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

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

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	76	81	81	76	64	12	76	76	69
Skilled Under 22	0	0	0	0	0	0	0	0	779
Intermediate DD	0	0	0	0	0	0	0	0	784
Sheltered Care	0	0	0	0	0	0	0	0	64
<b>TOTAL BEDS</b>	<b>76</b>	<b>81</b>	<b>81</b>	<b>76</b>	<b>64</b>	<b>12</b>	<b>76</b>	<b>76</b>	

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	2315	8.3%	720	2.6%	24325	0	0	0	27360	98.4%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2315</b>	<b>8.3%</b>	<b>720</b>	<b>2.6%</b>	<b>24325</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27360</b>	<b>98.4%</b>	<b>92.3%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	6	0	0	0	0	0	0	27	6	33
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>47</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>17</b>	<b>64</b>

**SINGER MENTAL HEALTH CENTER**

4402 NORTH MAIN STREET  
 ROCKFORD, IL. 61103

**Reference Numbers** Facility ID 8000016

Health Service Area 001 Planning Service Area 201

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	3	53	0	0	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
<b>TOTALS</b>	<b>8</b>	<b>3</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	71.00
Non-Health Staff	44.00
<b>Totals</b>	<b>158.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.9%	2.0%	89.1%	0.0%	1.0%	100.0%		78.2%
1,623,000	411,600	18,420,777	0	213,100	20,668,477	16,173,077	

**CHOATE DEVELOPMENTAL CENTER**

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

**Administrator**  
 Janice C. Farmer, LCSW

**Contact Person and Telephone**

Michael Hurt  
 217-479-2110

**Registered Agent Information**

N/A

**Date Completed**

4/13/2009

**ADMISSION RESTRICTIONS**

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	146
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>146</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2008	154
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	11
Intermediate DD	237	164	155	164	146	91		237	Total Discharges 2008	19
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2008	146
<b>TOTAL BEDS</b>	<b>237</b>	<b>164</b>	<b>155</b>	<b>164</b>	<b>146</b>	<b>91</b>	<b>0</b>	<b>237</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			47085	54.3%	0	0	0	6205	53290	61.4%	88.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>47085</b>	<b>54.3%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6205</b>	<b>53290</b>	<b>61.4%</b>	<b>88.8%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	61	14	0	0	61	14	75
45 to 59	0	0	0	0	41	18	0	0	41	18	59
60 to 64	0	0	0	0	5	2	0	0	5	2	7
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>111</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>111</b>	<b>35</b>	<b>146</b>

**CHOATE DEVELOPMENTAL CENTER**

1000 MAIN STREET  
ANNA, IL. 62906

**Reference Numbers** Facility ID 8000020

Health Service Area 005 Planning Service Area 181

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

LEVEL OF CARE	Medicare	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		129	0	0	0	17	146
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	129	0	0	0	17	146

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	36	0	36
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	110	0	110
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	146	0	146

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	142	0	142
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	146	0	146

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	0.00
Other Health Staff	203.00
Non-Health Staff	107.75
<b>Totals</b>	<b>342.75</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.6%	92.9%	0.0%	0.0%	5.6%	100.0%		43.9%
216,100	12,885,700	0	0	775,200	13,877,000	6,087,024	

**LUDEMAN DEVELOPMENTAL CENTER**

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

**Administrator**  
 David I. Decker

**Contact Person and Telephone**  
 David I. Decker  
 708-283-3001

**Registered Agent Information**

**Date Completed**  
 4/21/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	369
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>369</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	382
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	11
Intermediate DD	510	383	383	380	369	141	510	Total Discharges 2008	24
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2008	369
<b>TOTAL BEDS</b>	<b>510</b>	<b>383</b>	<b>383</b>	<b>380</b>	<b>369</b>	<b>141</b>	<b>510</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			137919	73.9%	0	0	0	0	137919	73.9%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>137919</b>	<b>73.9%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137919</b>	<b>73.9%</b>	<b>98.4%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	136	49	0	0	136	49	185
45 to 59	0	0	0	0	111	57	0	0	111	57	168
60 to 64	0	0	0	0	4	3	0	0	4	3	7
65 to 74	0	0	0	0	6	2	0	0	6	2	8
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>111</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>111</b>	<b>369</b>

**LUDEMAN DEVELOPMENTAL CENTER**

114 NORTH ORCHARD DRIVE  
 PARK FOREST, IL. 60466

**Reference Numbers** Facility ID 8000010

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		369	0	0	0	0	369
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	369	0	0	0	0	369

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	145	0	145
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	222	0	222
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	369	0	369

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	348	0	348
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	369	0	369

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	16.00
Certified Aides	363.50
Other Health Staff	7.00
Non-Health Staff	161.00
<b>Totals</b>	<b>585.50</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.3%	91.1%	0.0%	0.0%	8.6%	100.0%		0.0%
80,600	23,765,200	0	0	2,255,400	26,101,200	0	

**KILEY DEVELOPMENTAL CENTER**

1401 WEST DUGDALE  
WAUKEGAN, IL. 60085

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

**Administrator**  
Waverly Robinson

**Contact Person and Telephone**

Dorothy McCaffrey  
847-249-0600

**Registered Agent Information**

**Date Completed**  
4/9/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	215
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>215</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	225
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	8
Intermediate DD	480	260	215	260	215	265	480	Total Discharges 2008	18
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2008	215
<b>TOTAL BEDS</b>	<b>480</b>	<b>260</b>	<b>215</b>	<b>260</b>	<b>215</b>	<b>265</b>	<b>480</b>		

**FACILITY UTILIZATION - 2008**

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

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

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	57	20	0	0	57	20	77
45 to 59	0	0	0	0	80	30	0	0	80	30	110
60 to 64	0	0	0	0	9	6	0	0	9	6	15
65 to 74	0	0	0	0	7	3	0	0	7	3	10
75 to 84	0	0	0	0	2	1	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>155</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>155</b>	<b>60</b>	<b>215</b>

**KILEY DEVELOPMENTAL CENTER**

1401 WEST DUGDALE  
 WAUKEGAN, IL. 60085

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

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

LEVEL OF CARE	Medicare	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		215	0	0	0	0	215
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>215</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>215</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	24	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	189	0	189
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>215</b>	<b>0</b>	<b>215</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	15	0	15
Non-Hispanic	0	0	200	0	200
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>215</b>	<b>0</b>	<b>215</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	2.80
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	1.00
Certified Aides	222.50
Other Health Staff	3.10
Non-Health Staff	115.50
<b>Totals</b>	<b>380.90</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	90.5%	0.0%	0.0%	9.5%	100.0%		0.0%
3,300	14,404,200	0	0	1,505,500	15,913,000	0	

**SHAPIRO MENTAL HEALTH CENTER**

100 EAST JEFFERY STREET  
KANKAKEE, IL. 60901

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

**Administrator**

Ira L. Collins

**Contact Person and Telephone**

Lynne C. Gund  
815-939-8298

**Registered Agent Information**

**Date Completed**  
4/21/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	539
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>539</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	591
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	14
Intermediate DD	800	600	590	600	539	261	800	Total Discharges 2008	66
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2008	539
<b>TOTAL BEDS</b>	<b>800</b>	<b>600</b>	<b>590</b>	<b>600</b>	<b>539</b>	<b>261</b>	<b>800</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			198881	67.9%	732	0	0	0	199613	68.2%	90.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>198881</b>	<b>67.9%</b>	<b>732</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>199613</b>	<b>68.2%</b>	<b>90.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	94	31	0	0	94	31	125
45 to 59	0	0	0	0	186	88	0	0	186	88	274
60 to 64	0	0	0	0	35	25	0	0	35	25	60
65 to 74	0	0	0	0	31	25	0	0	31	25	56
75 to 84	0	0	0	0	10	6	0	0	10	6	16
85+	0	0	0	0	3	5	0	0	3	5	8
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>359</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>359</b>	<b>180</b>	<b>539</b>

**SHAPIRO MENTAL HEALTH CENTER**

100 EAST JEFFERY STREET

KANKAKEE, IL. 60901

**Reference Numbers** Facility ID 8000015

Health Service Area 009 Planning Service Area 091

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

LEVEL OF CARE	Medicare	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		537	2	0	0	0	539
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>537</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>539</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	111	0	111
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	402	0	402
Race Unknown	0	0	24	0	24
<b>Total</b>	<b>0</b>	<b>0</b>	<b>539</b>	<b>0</b>	<b>539</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	24	0	24
Non-Hispanic	0	0	515	0	515
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>539</b>	<b>0</b>	<b>539</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	38.00
Physicians	7.60
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	31.00
Certified Aides	646.00
Other Health Staff	124.90
Non-Health Staff	174.60
<b>Totals</b>	<b>1062.10</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	90.7%	9.3%	0.0%	0.0%	100.0%		0.0%
0	39,647,400	4,066,000	0	0	43,713,400	0	

**MURRAY MENTAL HEALTH CENTER**

1535 WEST MCCORD  
CENTRALIA, IL. 62801

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

**Administrator**  
James Veach

**Contact Person and Telephone**

Michael Hurt  
217-479-2110

**Registered Agent Information**

**Date Completed**  
3/27/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	305
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>305</b>

**FACILITY OWNERSHIP**  
STATE

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	334
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	9
Intermediate DD	372	372	337	305	67		372	Total Discharges 2008	38
Sheltered Care	0	0	0	0	0			Residents on 12/31/2008	305
<b>TOTAL BEDS</b>	<b>372</b>	<b>372</b>	<b>337</b>	<b>305</b>	<b>67</b>	<b>0</b>	<b>372</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			123342	90.6%	0	0	0	0	123342	90.6%	90.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>123342</b>	<b>90.6%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>123342</b>	<b>90.6%</b>	<b>90.6%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	90	46	0	0	90	46	136
45 to 59	0	0	0	0	90	54	0	0	90	54	144
60 to 64	0	0	0	0	9	7	0	0	9	7	16
65 to 74	0	0	0	0	2	6	0	0	2	6	8
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>192</b>	<b>113</b>	<b>0</b>	<b>0</b>	<b>192</b>	<b>113</b>	<b>305</b>

**MURRAY MENTAL HEALTH CENTER**

1535 WEST MCCORD  
CENTRALIA, IL. 62801

**Reference Numbers** Facility ID 8000014

Health Service Area 011 Planning Service Area 027

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		305	0	0	0	0	305
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>305</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>305</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	38	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	263	0	263
Race Unknown	0	0	3	0	3
<b>Total</b>	<b>0</b>	<b>0</b>	<b>305</b>	<b>0</b>	<b>305</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	302	0	302
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>305</b>	<b>0</b>	<b>305</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	2.10
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	21.00
Certified Aides	303.00
Other Health Staff	41.50
Non-Health Staff	124.00
<b>Totals</b>	<b>533.60</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	22,360,300	0	0	0	22,360,300	0	

**FOX DEVELOPMENTAL CENTER**

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

**Administrator**  
 Cheryl Winnicki

**Contact Person and Telephone**

Karen Norman  
 815-584-3347 ext 227

**Registered Agent Information**

**Date Completed**  
 4/6/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	132
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>132</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
									Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2008	139
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	5
Intermediate DD	167	139	139	132	132	35		167	Total Discharges 2008	12
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2008	132
<b>TOTAL BEDS</b>	<b>167</b>	<b>139</b>	<b>139</b>	<b>132</b>	<b>132</b>	<b>35</b>	<b>0</b>	<b>167</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			38155	62.4%	12719	0	0	0	50874	83.2%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>38155</b>	<b>62.4%</b>	<b>12719</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50874</b>	<b>83.2%</b>	<b>100.0%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	35	27	0	0	35	27	62
45 to 59	0	0	0	0	33	25	0	0	33	25	58
60 to 64	0	0	0	0	4	4	0	0	4	4	8
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>59</b>	<b>132</b>

**FOX DEVELOPMENTAL CENTER**

134 WEST MAIN STREET  
 DWIGHT, IL. 60420

**Reference Numbers** Facility ID 8000006  
 Health Service Area 004 Planning Service Area 105

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

LEVEL OF CARE	Medicare	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		130	2	0	0	0	132
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	130	2	0	0	0	132

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	16	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	114	0	114
Race Unknown	0	0	1	0	1
<b>Total</b>	0	0	132	0	132

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	126	0	126
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	132	0	132

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.90
Physicians	2.25
Director of Nursing	2.00
Registered Nurses	14.00
LPN's	11.10
Certified Aides	107.50
Other Health Staff	5.00
Non-Health Staff	87.00
<b>Totals</b>	242.75

**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
0.4%	89.8%	9.8%	0.0%	0.0%	100.0%		0.0%
44,800	9,830,000	1,069,800	0	0	10,944,600	0	

**MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON  
DIXON, IL. 61021

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

**Administrator**

Tim Naill

**Contact Person and Telephone**

Cheryl Smith  
815-288-8337

**Registered Agent Information**

**Date Completed**  
4/24/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	86
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>86</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	90
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	1
Intermediate DD	119	90	90	86	33		112	Total Discharges 2008	5
Sheltered Care	0	0	0	0	0			Residents on 12/31/2008	86
<b>TOTAL BEDS</b>	<b>119</b>	<b>90</b>	<b>90</b>	<b>86</b>	<b>33</b>	<b>0</b>	<b>112</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			29671	72.4%	0	0	0	0	29671	68.1%	90.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>29671</b>	<b>72.4%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29671</b>	<b>68.1%</b>	<b>90.1%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	24	12	0	0	24	12	36
45 to 59	0	0	0	0	29	9	0	0	29	9	38
60 to 64	0	0	0	0	4	2	0	0	4	2	6
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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>26</b>	<b>86</b>

**MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON  
DIXON, IL. 61021

**Reference Numbers** Facility ID 8000012

Health Service Area 001 Planning Service Area 103

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

LEVEL OF CARE	Medicare	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		86	0	0	0	0	86
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>86</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	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	78	0	78
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>86</b>	<b>0</b>	<b>86</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	84	0	84
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>86</b>	<b>0</b>	<b>86</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	0.50
Director of Nursing	0.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	0.00
Other Health Staff	95.50
Non-Health Staff	23.00
<b>Totals</b>	<b>141.00</b>

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	92.1%	0.0%	0.0%	7.8%	100.0%		0.0%
5,900	6,293,200	0	0	535,100	6,834,200	0	

**HOWE DEVELOPMENTAL CENTER**

7600 WEST 183RD STREET  
TINLEY PARK, IL. 60477

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

**Administrator**  
Joseph P. Turner

**Contact Person and Telephone**

Joseph P. Turner  
708-614-3501

**Registered Agent Information**

**Date Completed**  
4/17/2009

**ADMISSION RESTRICTIONS**

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	300
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>300</b>

**FACILITY OWNERSHIP**  
STATE

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2008	346
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008	0
Intermediate DD	500	350	343	0	300	200	500	Total Discharges 2008	46
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2008	300
<b>TOTAL BEDS</b>	<b>500</b>	<b>350</b>	<b>343</b>	<b>0</b>	<b>300</b>	<b>200</b>	<b>500</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			103660	56.6%	4015	0	365	1460	109500	59.8%	85.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>103660</b>	<b>56.6%</b>	<b>4015</b>	<b>0</b>	<b>365</b>	<b>1460</b>	<b>109500</b>	<b>59.8%</b>	<b>85.5%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	60	30	0	0	60	30	90
45 to 59	0	0	0	0	90	60	0	0	90	60	150
60 to 64	0	0	0	0	16	15	0	0	16	15	31
65 to 74	0	0	0	0	17	6	0	0	17	6	23
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	0	2	0	0	0	2	2
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>185</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>185</b>	<b>115</b>	<b>300</b>

**HOWE DEVELOPMENTAL CENTER**

7600 WEST 183RD STREET  
 TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 8000007

Health Service Area 007 Planning Service Area 705

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		284	11	0	1	4	300
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	284	11	0	1	4	300

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	92	0	92
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	205	0	205
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	300	0	300

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	20	0	20
Non-Hispanic	0	0	280	0	280
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	300	0	300

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	32.00
Physicians	5.00
Director of Nursing	0.00
Registered Nurses	23.00
LPN's	26.00
Certified Aides	398.50
Other Health Staff	48.00
Non-Health Staff	185.00
<b>Totals</b>	717.50

**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%	90.2%	0.0%	0.0%	9.6%	100.0%		0.0%
30,200	23,243,800	0	0	2,484,500	25,758,500	0	

**JACKSONVILLE DEVELOPMENTAL CENTER**

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

**Administrator**  
 Peggy Davidsmeyer

**Contact Person and Telephone**

Melissa Wright  
 217-479-2110

**Registered Agent Information**

N/A

**Date Completed**

4/22/2009

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	211
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>211</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED						Residents on 1/1/2008	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2008	232
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2008	10
Intermediate DD	329	232	232	211	211	118		329	Total Discharges 2008	31
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2008	211
<b>TOTAL BEDS</b>	<b>329</b>	<b>232</b>	<b>232</b>	<b>211</b>	<b>211</b>	<b>118</b>	<b>0</b>	<b>329</b>		

**FACILITY UTILIZATION - 2008**

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

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			80847	67.1%	0	0	0	0	80847	67.1%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>80847</b>	<b>67.1%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80847</b>	<b>67.1%</b>	<b>95.2%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	55	20	0	0	55	20	75
45 to 59	0	0	0	0	74	20	0	0	74	20	94
60 to 64	0	0	0	0	17	4	0	0	17	4	21
65 to 74	0	0	0	0	15	3	0	0	15	3	18
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	1	0	0	0	1	1
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>162</b>	<b>49</b>	<b>211</b>

**JACKSONVILLE DEVELOPMENTAL CENTER**

1201 SOUTH MAIN STREET  
 JACKSONVILLE, IL. 62650

**Reference Numbers** Facility ID 8000018  
 Health Service Area 003 Planning Service Area 137

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		211	0	0	0	0	211
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	211	0	0	0	0	211

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	23	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	185	0	185
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	211	0	211

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	208	0	208
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	211	0	211

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	12.00
Certified Aides	228.00
Other Health Staff	4.00
Non-Health Staff	131.00
<b>Totals</b>	400.00

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

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.2%	91.0%	0.0%	0.0%	8.9%	100.0%		0.0%
25,000	14,710,900	0	0	1,434,100	16,170,000	0	