

MCFARLAND MENTAL HEALTH CENTER

901 SOUTHWIND ROAD
 SPRINGFIELD, IL. 62703

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

Administrator
 Karen Schweighart

Contact Person and Telephone
 MICHAEL S. PELLETIER
 847-742-1040 ext 2807

Registered Agent Information

Date Completed
 5/7/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	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	111
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	111

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 111

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	140	118	116	118	111	29	118	118	114
Skilled Under 22	0	0	0	0	0	0	0	0	713
Intermediate DD	0	0	0	0	0	0	0	0	716
Sheltered Care	0	0	0	0	0	0	0	0	111
TOTAL BEDS	140	118	116	118	111	29	118	118	Identified Offenders 0

FACILITY UTILIZATION - 2009

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	4481	10.4%	3223	7.5%	24342	0	8564	0	40610	79.5%	94.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4481	10.4%	3223	7.5%	24342	0	8564	0	40610	79.5%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	17	0	0	0	0	0	0	41	17	58
45 to 59	23	15	0	0	0	0	0	0	23	15	38
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	76	35	0	0	0	0	0	0	76	35	111

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	17	13	65	0	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	17	13	65	0	16	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	2	0	0	0	2
Total	111	0	0	0	111

ETHNICITY	Nursing	SkUnd22	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	18.00
Physicians	6.44
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	90.20
Non-Health Staff	60.30
Totals	206.94

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
11.9%	3.0%	84.5%	0.0%	0.6%	100.0%		0.0%
3,269,000	825,900	23,218,824	0	169,800	27,483,524	0	

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

CHESTER MENTAL HEALTH CENTER

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

Administrator

Patricia Kelley

Contact Person and Telephone

MICHAEL S. PELLETIER
 847-742-1040 ext 2807

Registered Agent Information

Date Completed
 5/4/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	239
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	239

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 239

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
									Total Admissions 2009	238
									Total Discharges 2009	260
Nursing Care	302	280	264	280	239	63	0	0	Residents on 12/31/2009	239
Skilled Under 22	0	0	0	0	0	0		0	Identified Offenders	0
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	302	280	264	280	239	63	0	0		

FACILITY UTILIZATION - 2009

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	444	0.0%	2006	0.0%	72661	0	14556	0	89667	81.3%	87.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	444	0.0%	2006	0.0%	72661	0	14556	0	89667	81.3%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	150	0	0	0	0	0	0	0	150	0	150
45 to 59	81	0	0	0	0	0	0	0	81	0	81
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	0	0	0	0	0	0	0	3	0	3
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	239	0	0	0	0	0	0	0	239	0	239

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	27	6	172	1	33	0	239
Skilled Under 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	6	172	1	33	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	131	0	0	0	131
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	239	0	0	0	239

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	224	0	0	0	224
Ethnicity Unknown	0	0	0	0	0
Total	239	0	0	0	239

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	18.00
Physicians	5.53
Director of Nursing	2.00
Registered Nurses	36.00
LPN's	11.00
Certified Aides	0.00
Other Health Staff	271.00
Non-Health Staff	117.00
Totals	460.53

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
1.4%	1.0%	96.8%	0.0%	0.8%	100.0%		0.0%
723,900	535,300	50,775,423	0	404,600	52,439,223	0	

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

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE
CHICAGO, IL. 60634

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

Administrator
Robert Petkofski

Contact Person and Telephone
MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
5/6/2010

FACILITY OWNERSHIP
STATE

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	111
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	111

Total Residents Diagnosed as Mentally Ill 111

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
									Total Admissions 2009	1867
									Total Discharges 2009	1874
Nursing Care	130	136	136	130	111	19	24	24	Residents on 12/31/2009	111
Skilled Under 22	0	0	0	0	0	0		0	Identified Offenders	0
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	130	136	136	130	111	19	24	24		

FACILITY UTILIZATION - 2009

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	668	7.6%	302	3.4%	39109	0	4924	0	45003	94.8%	90.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	668	7.6%	302	3.4%	39109	0	4924	0	45003	94.8%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	1	0	0	0	0	0	0	0	1	0	1
18 to 44	49	26	0	0	0	0	0	0	49	26	75
45 to 59	18	14	0	0	0	0	0	0	18	14	32
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	70	41	0	0	0	0	0	0	70	41	111

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE

CHICAGO, IL. 60634

Reference Numbers Facility ID 8000003

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	82	0	0	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	16	82	0	0	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	22	0	0	0	22
Total	111	0	0	0	111

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	19.00
Physicians	16.00
Director of Nursing	1.00
Registered Nurses	66.00
LPN's	4.00
Certified Aides	0.00
Other Health Staff	102.00
Non-Health Staff	85.00
Totals	293.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.4%	0.2%	98.7%	0.0%	0.7%	100.0%		0.0%
154,100	58,600	36,602,724	0	251,400	37,066,824	0	

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

CHOATE MENTAL HEALTH CENTER

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

Administrator

Donna Murray

Contact Person and Telephone

MICHAEL S. PELLETIER
 847-742-1040 ext 2807

Registered Agent Information

Date Completed
 5/7/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	49
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	8
TOTALS	57

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 49

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	79	79	70	79	57	22	79	79	Total Admissions 2009	383
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	380
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	57
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	79	79	70	79	57	22	79	79		

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	3597	12.5%	2441	8.5%	14031	0	0	0	20069	69.6%	69.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3597	12.5%	2441	8.5%	14031	0	0	0	20069	69.6%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	1	1	0	0	0	0	0	0	1	1	2
18 to 44	17	0	0	0	0	0	0	0	17	0	17
45 to 59	18	7	0	0	0	0	0	0	18	7	25
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	47	10	0	0	0	0	0	0	47	10	57

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		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	10	0	0	0	27	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	20	10	0	0	0	27	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SkUnd22	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	11.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	78.00
Non-Health Staff	23.00
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
4.6%	1.0%	94.4%	0.0%	0.0%	100.0%		0.0%
2,414,600	516,100	49,192,460	0	0	52,123,160	0	

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

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET
ELGIN, IL. 60123

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

Administrator
Tajudeen Ibrahim

Contact Person and Telephone
MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
5/4/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	382
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	382

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 382

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	390	397	391	391	382	8	4	4	383
Skilled Under 22	0	0	0	0	0	0	0	0	1192
Intermediate DD	0	0	0	0	0	0	0	0	1193
Sheltered Care	0	0	0	0	0	0	0	0	382
TOTAL BEDS	390	397	391	391	382	8	4	4	Identified Offenders 0

FACILITY UTILIZATION - 2009

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	156	10.7%	1612	110.4%	131084	0	4717	0	137569	96.6%	94.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	156	10.7%	1612	110.4%	131084	0	4717	0	137569	96.6%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	152	42	0	0	0	0	0	0	152	42	194
45 to 59	101	39	0	0	0	0	0	0	101	39	140
60 to 64	19	4	0	0	0	0	0	0	19	4	23
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	3	0	0	0	0	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	289	93	0	0	0	0	0	0	289	93	382

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET

ELGIN, IL. 60123

Reference Numbers Facility ID 8000005

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	382	0	0	0	382
Skilled Under 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	382	0	0	0	382

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	9	0	0	0	9
Amer. Indian	0	0	0	0	0
Black	169	0	0	0	169
Hawaiian/Pac. Isl.	0	0	0	0	0
White	202	0	0	0	202
Race Unknown	2	0	0	0	2
Total	382	0	0	0	382

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	51	0	0	0	51
Non-Hispanic	329	0	0	0	329
Ethnicity Unknown	2	0	0	0	2
Total	382	0	0	0	382

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	31.50
Physicians	24.50
Director of Nursing	3.00
Registered Nurses	120.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	344.50
Non-Health Staff	179.90
Totals	703.40

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
0.9%	0.9%	97.3%	0.0%	0.3%	99.4%		0.0%
754,200	785,800	85,658,517	0	235,900	87,995,517	0	

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

FOX DEVELOPMENTAL CENTER

134 WEST MAIN STREET
DWIGHT, IL. 60420

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

Administrator

Cheryl Winnicki

Contact Person and Telephone

Karen Stam
815-584-3347 ext 227

Registered Agent Information

Date Completed
4/21/2010

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	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

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 21

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	132
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	5
Intermediate DD	167	134	134	127	127	40		167	Total Discharges 2009	10
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	127
TOTAL BEDS	167	134	134	127	127	40	0	167	Identified Offenders	0

FACILITY UTILIZATION - 2009

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			45301	74.3%	3609	0	0	0	48910	80.2%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	45301	74.3%	3609	0	0	0	48910	80.2%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	27	24	0	0	27	24	51
45 to 59	0	0	0	0	37	26	0	0	37	26	63
60 to 64	0	0	0	0	4	5	0	0	4	5	9
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	69	58	0	0	69	58	127

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		127	0	0	0	0	127
Sheltered Care			0	0	0	0	0
TOTALS	0	127	0	0	0	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	560	560
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	14	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	111	0	111
Race Unknown	0	0	1	0	1
Total	0	0	127	0	127

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	9	0	9
Non-Hispanic	0	0	118	0	118
Ethnicity Unknown	0	0	0	0	0
Total	0	0	127	0	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	2.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	12.10
Certified Aides	101.00
Other Health Staff	5.00
Non-Health Staff	87.00
Totals	236.10

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
0.4%	90.4%	9.3%	0.0%	0.0%	100.0%		0.0%
42,300	10,573,300	1,084,900	0	0	11,700,500	0	

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

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
5/5/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	216
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	216

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 30

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	291
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	0
Intermediate DD	500	400	291	350	216	284		500	Total Discharges 2009	75
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	216
TOTAL BEDS	500	400	291	350	216	284	0	500	Identified Offenders	1

FACILITY UTILIZATION - 2009

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%	73133	0	317	0	73450	40.2%	50.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	73133	0	317	0	73450	40.2%	50.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	28	14	0	0	28	14	42
45 to 59	0	0	0	0	63	39	0	0	63	39	102
60 to 64	0	0	0	0	28	16	0	0	28	16	44
65 to 74	0	0	0	0	18	10	0	0	18	10	28
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	137	79	0	0	137	79	216

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		55	160	0	1	0	216
Sheltered Care			0	0	0	0	0
TOTALS	0	55	160	0	1	0	216

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	560
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	78	0	78
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	136	0	136
Race Unknown	0	0	0	0	0
Total	0	0	216	0	216

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	11	0	11
Non-Hispanic	0	0	205	0	205
Ethnicity Unknown	0	0	0	0	0
Total	0	0	216	0	216

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	34.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	26.00
Certified Aides	0.00
Other Health Staff	513.00
Non-Health Staff	87.00
Totals	693.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	21,859,000	0	0	11,358	21,870,358	0	

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

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE
ALTON, IL. 62002

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

Administrator

Brian Thomas

Contact Person and Telephone

MICHAEL S. PELLETIER
847-742-1040 ext. 2807

Registered Agent Information

Date Completed
5/5/2010

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	114
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	118

Total Residents Diagnosed as Mentally Ill 114

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
									Total Admissions 2009	228
									Total Discharges 2009	234
Nursing Care	125	125	124	125	118	7	24	24	Residents on 12/31/2009	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			Identified Offenders	0
TOTAL BEDS	125	125	124	125	118	7	24	24		

FACILITY UTILIZATION - 2009

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	1781	20.3%	150	1.7%	39789	0	1104	0	42824	93.9%	93.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1781	20.3%	150	1.7%	39789	0	1104	0	42824	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	70	11	0	0	0	0	0	0	70	11	81
45 to 59	22	9	0	0	0	0	0	0	22	9	31
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	97	21	0	0	0	0	0	0	97	21	118

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE

ALTON, IL. 62002

Reference Numbers Facility ID 8000001

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other Medicaid		Private Insurance	Charity Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care		
Nursing Care	44	1	0	0	0	0	73	118
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0	0
Sheltered Care			0	0	0	0	0	0
TOTALS	44	1	0	0	0	0	73	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	595	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	51	0	0	0	51
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	1	0	0	0	1
Total	118	0	0	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	8.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	126.00
Non-Health Staff	64.00
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
2.0%	0.2%	97.7%	0.0%	0.1%	100.0%		0.0%
654,600	72,700	31,621,257	0	32,900	32,381,457	0	

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

LUDEMAN DEVELOPMENTAL CENTER

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

Administrator

Glenda M. Corbett

Contact Person and Telephone

Jackie Amelse
 708-283-3018

Registered Agent Information

Date Completed
 5/3/2010

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	377
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	377

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 0

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	369
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	19
Intermediate DD	510	378	378	377	377	133		510	Total Discharges 2009	11
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	377
TOTAL BEDS	510	378	378	377	377	133	0	510	Identified Offenders	1

FACILITY UTILIZATION - 2009

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			135998	73.1%	0	0	0	0	135998	73.1%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	135998	73.1%	0	0	0	0	135998	73.1%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	130	44	0	0	130	44	174
45 to 59	0	0	0	0	119	64	0	0	119	64	183
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	9	3	0	0	9	3	12
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	262	115	0	0	262	115	377

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		377	0	0	0	0	377
Sheltered Care			0	0	0	0	0
TOTALS	0	377	0	0	0	0	377

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	148	0	148
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	226	0	226
Race Unknown	0	0	0	0	0
Total	0	0	377	0	377

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	356	0	356
Ethnicity Unknown	0	0	0	0	0
Total	0	0	377	0	377

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	6.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	14.00
Certified Aides	350.00
Other Health Staff	7.00
Non-Health Staff	155.00
Totals	561.00

NET REVENUE BY PAYOR SOURCE (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%	92.3%	0.0%	0.0%	7.3%	100.0%		0.0%
104,200	27,530,000	0	0	2,184,700	29,818,900	0	

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

CHOATE DEVELOPMENTAL CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1000 MAIN STREET		Aggressive/Anti-Social	0	DIAGNOSIS		
ANNA, IL. 62906		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 8000020	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 005	Planning Service Area 181	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	Nervous System Non Alzheimer	0	
Jamie Veach		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
ALLISON HOLSHOUSER		Non-Ambulatory	0	Developmental Disability	145	
618-833-5161 X2679		Non-Mobile	0	Circulatory System	0	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	0	
N/A	4/20/2010	Under 65 Years Old	0	Digestive System	0	
FACILITY OWNERSHIP		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
STATE		Ventilator Dependent	1	Skin Disorders	0	
CONTINUING CARE COMMUNITY	No	Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0	
LIFE CARE FACILITY	No	Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
				TOTALS	145	
		Total Residents Diagnosed as Mentally Ill			0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2009	22
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	23
Intermediate DD	285	164	149	164	145	140		285	Residents on 12/31/2009	145
Sheltered Care	0	0	0	0	0	0			Identified Offenders	7
TOTAL BEDS	285	164	149	164	145	140	0	285		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			44530	42.8%	8395	0	0	0	52925	50.9%	88.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	44530	42.8%	8395	0	0	0	52925	50.9%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	62	13	0	0	62	13	75
45 to 59	0	0	0	0	40	17	0	0	40	17	57
60 to 64	0	0	0	0	6	2	0	0	6	2	8
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
TOTALS	0	0	0	0	112	33	0	0	112	33	145

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		122	0	0	0	23	145
Sheltered Care			0	0	0	0	0
TOTALS	0	122	0	0	0	23	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	560	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	38	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	107	0	107
Race Unknown	0	0	0	0	0
Total	0	0	145	0	145

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	141	0	141
Ethnicity Unknown	0	0	0	0	0
Total	0	0	145	0	145

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	2.00
Director of Nursing	0.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	179.00
Non-Health Staff	112.75
Totals	322.75

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
1.7%	58.9%	36.2%	0.0%	3.3%	100.0%		0.0%
364,000	12,971,800	7,971,160	0	724,100	22,031,060	0	

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

MABLEY DEVELOPMENTAL CENTER

1120 WASHINGTON
DIXON, IL. 61021

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

Administrator

Tim Naill

Contact Person and Telephone

Kimberly Martens
815-288-8324

Registered Agent Information

Date Completed
4/30/2010

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	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

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 73

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2009	86
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2009	7
Intermediate DD	112	89	89	89	23		112	Total Discharges 2009	4
Sheltered Care	0	0	0	0	0			Residents on 12/31/2009	89
TOTAL BEDS	112	89	89	89	23	0	112	Identified Offenders	0

FACILITY UTILIZATION - 2009

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			32485	79.5%	0	0	0	0	32485	79.5%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32485	79.5%	0	0	0	0	32485	79.5%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	23	10	0	0	23	10	33
45 to 59	0	0	0	0	33	11	0	0	33	11	44
60 to 64	0	0	0	0	5	2	0	0	5	2	7
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	63	26	0	0	63	26	89

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		89	0	0	0	0	89
Sheltered Care			0	0	0	0	0
TOTALS	0	89	0	0	0	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	560	560
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	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	83	0	83
Race Unknown	0	0	0	0	0
Total	0	0	89	0	89

ETHNICITY	Nursing	SkUnd22	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	6.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	4.60
Non-Health Staff	108.90
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%	93.1%	0.0%	0.0%	6.9%	100.0%		0.0%
2,500	7,413,100	0	0	549,900	7,965,500	0	

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

MADDEN MENTAL HEALTH CENTER

1200 SOUTH FIRST AVENUE
 HINES, IL. 60141
Reference Numbers Facility ID 8000013
 Health Service Area 007 Planning Service Area 704

Administrator

Edith Newman

Contact Person and Telephone

MICHAEL S. PELLETIER
 847-742-1040 ext 2807

Registered Agent Information

Date Completed
 5/6/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	92
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	92

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 92

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	173	150	150	150	92	81	28	28	Total Admissions 2009	3718
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	3744
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	92
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	173	150	150	150	92	81	28	28		

FACILITY UTILIZATION - 2009

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	263	2.6%	35	0.3%	46922	0	0	0	47220	74.8%	86.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	263	2.6%	35	0.3%	46922	0	0	0	47220	74.8%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	44	23	0	0	0	0	0	0	44	23	67
45 to 59	14	10	0	0	0	0	0	0	14	10	24
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	59	33	0	0	0	0	0	0	59	33	92

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	11	81	0	0	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	11	81	0	0	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	55	0	0	0	55
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	1	0	0	0	1
Total	92	0	0	0	92

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	1	0	0	0	1
Total	92	0	0	0	92

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.50
Physicians	22.20
Director of Nursing	1.00
Registered Nurses	69.00
LPN's	13.00
Certified Aides	0.00
Other Health Staff	99.00
Non-Health Staff	80.00
Totals	304.70

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
0.3%	0.0%	99.6%	0.0%	0.1%	100.0%		0.0%
133,600	15,800	38,026,896	0	20,900	38,197,196	0	

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

MURRAY MENTAL HEALTH CENTER

1535 WEST MCCORD
CENTRALIA, IL. 62801

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

Administrator

RICK STARR

Contact Person and Telephone

RICK STARR
618-532-1811

Registered Agent Information

Date Completed
4/20/2010

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	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	0
Developmental Disability	291
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	291

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 291

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	305
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	5
Intermediate DD	372	304	304	0	291	81		372	Total Discharges 2009	19
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	291
TOTAL BEDS	372	304	304	0	291	81	0	372	Identified Offenders	0

FACILITY UTILIZATION - 2009

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			103193	76.0%	0	0	0	0	103193	76.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	103193	76.0%	0	0	0	0	103193	76.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	86	38	0	0	86	38	124
45 to 59	0	0	0	0	85	56	0	0	85	56	141
60 to 64	0	0	0	0	11	4	0	0	11	4	15
65 to 74	0	0	0	0	3	8	0	0	3	8	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	0	0	0	0	185	106	0	0	185	106	291

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		291	0	0	0	0	291
Sheltered Care			0	0	0	0	0
TOTALS	0	291	0	0	0	0	291

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	595
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	35	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	255	0	255
Race Unknown	0	0	0	0	0
Total	0	0	291	0	291

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	289	0	289
Ethnicity Unknown	0	0	0	0	0
Total	0	0	291	0	291

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	1.60
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	22.00
Certified Aides	296.00
Other Health Staff	51.00
Non-Health Staff	117.00
Totals	528.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	22,712,700	0	0	0	22,712,700	0	

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

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
4/30/2010

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	526
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	526

Total Residents Diagnosed as Mentally Ill 251

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	534
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	20
Intermediate DD	800	600	539	600	526	274		800	Total Discharges 2009	28
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	526
TOTAL BEDS	800	600	539	600	526	274	0	800	Identified Offenders	1

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			188988	64.7%	730	0	0	0	189718	65.0%	86.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	188988	64.7%	730	0	0	0	189718	65.0%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	92	31	0	0	92	31	123
45 to 59	0	0	0	0	177	72	0	0	177	72	249
60 to 64	0	0	0	0	39	28	0	0	39	28	67
65 to 74	0	0	0	0	34	28	0	0	34	28	62
75 to 84	0	0	0	0	10	7	0	0	10	7	17
85+	0	0	0	0	3	5	0	0	3	5	8
TOTALS	0	0	0	0	355	171	0	0	355	171	526

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		524	2	0	0	0	526
Sheltered Care			0	0	0	0	0
TOTALS	0	524	2	0	0	0	526

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	447	447
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	3	0	3
Black	0	0	108	0	108
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	389	0	389
Race Unknown	0	0	24	0	24
Total	0	0	526	0	526

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	24	0	24
Non-Hispanic	0	0	502	0	502
Ethnicity Unknown	0	0	0	0	0
Total	0	0	526	0	526

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	7.60
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	34.00
Certified Aides	614.00
Other Health Staff	87.90
Non-Health Staff	219.60
Totals	1012.10

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%	99.6%	0.4%	0.0%	0.0%	100.0%		0.0%
0	53,696,600	200,100	0	0	53,896,700	0	

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

SINGER MENTAL HEALTH CENTER

4402 NORTH MAIN STREET
ROCKFORD, IL. 61103

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

Administrator
Mohammad Yunus

Contact Person and Telephone

MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
5/4/2010

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	74
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	74

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 74

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	76	79	79	79	74	2	76	76	64
Skilled Under 22	0	0	0	0	0	0	0	0	893
Intermediate DD	0	0	0	0	0	0	0	0	883
Sheltered Care	0	0	0	0	0	0	0	0	74
TOTAL BEDS	76	79	79	79	74	2	76	76	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	3408	12.3%	724	2.6%	13943	8	7940	0	26023	93.8%	90.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3408	12.3%	724	2.6%	13943	8	7940	0	26023	93.8%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	29	4	0	0	0	0	0	0	29	4	33
45 to 59	21	13	0	0	0	0	0	0	21	13	34
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	56	18	0	0	0	0	0	0	56	18	74

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	10	1	50	0	13	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	10	1	50	0	13	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	560	560
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	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	6.00
Director of Nursing	4.00
Registered Nurses	22.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	67.00
Non-Health Staff	41.00
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
7.3%	2.2%	89.7%	0.0%	0.7%	100.0%		0.0%
1,463,900	446,300	17,986,424	0	147,800	20,044,424	0	

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

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

Marva Arnold

Contact Person and Telephone

MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
5/7/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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	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	75
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	75

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 75

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

ADMISSIONS AND DISCHARGES - 2009

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 - 2009	
									Residents on 1/1/2009	
Nursing Care	100	80	75	80	75	25	100	100	Total Admissions 2009	1882
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	1894
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	75
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	100	80	75	80	75	25	100	100		

FACILITY UTILIZATION - 2009

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%	25744	0	0	0	25744	70.5%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	25744	0	0	0	25744	70.5%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	35	18	0	0	0	0	0	0	35	18	53
45 to 59	10	5	0	0	0	0	0	0	10	5	15
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	50	25	0	0	0	0	0	0	50	25	75

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	75	0	0	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	0	0	75	0	0	0	75

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	3	0	0	0	3
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	33.00
Physicians	12.80
Director of Nursing	0.00
Registered Nurses	27.50
LPN's	1.00
Certified Aides	0.00
Other Health Staff	60.00
Non-Health Staff	41.00
Totals	175.30

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
10.0%	0.0%	89.6%	0.0%	0.5%	100.0%		0.0%
2,407,900	-4,300	21,569,668	0	109,000	24,082,268	0	

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

JACKSONVILLE DEVELOPMENTAL CENTER

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

Administrator
 Peggy Davidsmeyer

Contact Person and Telephone
 Peggy Davidsmeyer
 217-479-2110

Registered Agent Information
 NA **Date Completed** 4/28/2010

FACILITY OWNERSHIP
 STATE

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	208
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	208

Total Residents Diagnosed as Mentally Ill 110

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED						Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2009	211
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	22
Intermediate DD	329	215	215	208	208	121		329	Total Discharges 2009	25
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2009	208
TOTAL BEDS	329	215	215	208	208	121	0	329	Identified Offenders	0

FACILITY UTILIZATION - 2009

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			76650	63.8%	0	0	0	0	76650	63.8%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	76650	63.8%	0	0	0	0	76650	63.8%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	59	23	0	0	59	23	82
45 to 59	0	0	0	0	70	17	0	0	70	17	87
60 to 64	0	0	0	0	14	7	0	0	14	7	21
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	15	0	0	0	15	15
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	143	65	0	0	143	65	208

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		208	0	0	0	0	208
Sheltered Care			0	0	0	0	0
TOTALS	0	208	0	0	0	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	595	595
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	25	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	180	0	180
Race Unknown	0	0	0	0	0
Total	0	0	208	0	208

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	205	0	205
Ethnicity Unknown	0	0	0	0	0
Total	0	0	208	0	208

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	207.00
Other Health Staff	3.00
Non-Health Staff	146.00
Totals	394.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	92.1%	0.1%	0.0%	7.8%	100.0%		0.0%
0	17,830	13	0	1,511	19,355	0	

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

KILEY DEVELOPMENTAL CENTER

1401 WEST DUGDALE
 WAUKEGAN, IL. 60085
Reference Numbers Facility ID 8000008
 Health Service Area 008 Planning Service Area 097

Administrator

Waverly Robinson

Contact Person and Telephone

DOROTHY MCCAFFREY
 847-249-0600

Registered Agent Information

Date Completed
 4/30/2010

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	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

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 36

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2009	215
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2009	7
Intermediate DD	480	260	215	260	214	266	480	Total Discharges 2009	8
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2009	214
TOTAL BEDS	480	260	215	260	214	266	480	Identified Offenders	0

FACILITY UTILIZATION - 2009

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			6026	3.4%	0	0	0	0	6026	3.4%	6.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	6026	3.4%	0	0	0	0	6026	3.4%	6.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	48	17	0	0	48	17	65
45 to 59	0	0	0	0	85	35	0	0	85	35	120
60 to 64	0	0	0	0	6	7	0	0	6	7	13
65 to 74	0	0	0	0	9	4	0	0	9	4	13
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	150	64	0	0	150	64	214

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		214	0	0	0	0	214
Sheltered Care			0	0	0	0	0
TOTALS	0	214	0	0	0	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	418	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	188	0	188
Race Unknown	0	0	0	0	0
Total	0	0	214	0	214

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	15	0	15
Non-Hispanic	0	0	199	0	199
Ethnicity Unknown	0	0	0	0	0
Total	0	0	214	0	214

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	15.00
Physicians	3.10
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	1.00
Certified Aides	215.30
Other Health Staff	3.70
Non-Health Staff	106.50
Totals	364.60

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
0.1%	91.3%	0.0%	0.0%	8.6%	100.0%		0.0%
24,200	16,200,100	0	0	1,518,000	17,742,300	0	

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