

CHOATE DEVELOPMENTAL CENTER

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

Administrator
 CHERYL MUCKLEY

Contact Person and Telephone
 GINA MILLIS
 618-833-5161 X2200

Registered Agent Information Date Completed 2/16/2012
 N/A

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	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	152
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 0

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2010	156
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2010	39
Intermediate DD	194	164	152	164	152	42	194	Total Discharges 2010	43
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2010	152
TOTAL BEDS	194	164	152	164	152	42	194	Identified Offenders	4

FACILITY UTILIZATION - 2011

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			42646	60.2%	0	0	183	7848	50677	71.6%	84.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	42646	60.2%	0	0	183	7848	50677	71.6%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	72	9	0	0	72	9	81
45 to 59	0	0	0	0	39	17	0	0	39	17	56
60 to 64	0	0	0	0	5	1	0	0	5	1	6
65 to 74	0	0	0	0	8	1	0	0	8	1	9
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	124	28	0	0	124	28	152

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		128	0	0	1	23	152
Sheltered Care			0	0	0	0	0
TOTALS	0	128	0	0	1	23	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	599	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	39	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	113	0	113
Race Unknown	0	0	0	0	0
Total	0	0	152	0	152

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	147	0	147
Ethnicity Unknown	0	0	0	0	0
Total	0	0	152	0	152

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	9.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	248.00
Non-Health Staff	114.00
Totals	393.00

NET REVENUE BY PAYOR SOURCE (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%	94.4%	0.0%	0.0%	5.0%	100.0%		31.2%
94,700	14,536,900	0	0	767,800	15,399,400	4,800,386	

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

SHAPIRO DEVELOPMENTAL 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
3/7/2012

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	552
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	552

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 276

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2010	573
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2010	15
Intermediate DD	800	600	564	600	552	248			Total Discharges 2010	36
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2010	552
TOTAL BEDS	800	600	564	600	552	248	0	0	Identified Offenders	0

FACILITY UTILIZATION - 2011

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			202295	#Div/0!	725	0	0	362	203382	69.7%	92.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	202295	0.0%	725	0	0	362	203382	69.7%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	85	37	0	0	85	37	122
45 to 59	0	0	0	0	172	75	0	0	172	75	247
60 to 64	0	0	0	0	45	26	0	0	45	26	71
65 to 74	0	0	0	0	52	34	0	0	52	34	86
75 to 84	0	0	0	0	9	8	0	0	9	8	17
85+	0	0	0	0	4	5	0	0	4	5	9
TOTALS	0	0	0	0	367	185	0	0	367	185	552

SHAPIRO DEVELOPMENTAL 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		549	2	0	0	1	552
Sheltered Care			0	0	0	0	0
TOTALS	0	549	2	0	0	1	552

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	540	540
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	4	0	4
Black	0	0	127	0	127
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	396	0	396
Race Unknown	0	0	24	0	24
Total	0	0	552	0	552

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	28	0	28
Non-Hispanic	0	0	524	0	524
Ethnicity Unknown	0	0	0	0	0
Total	0	0	552	0	552

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	7.60
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	40.00
Certified Aides	759.00
Other Health Staff	103.10
Non-Health Staff	196.00
Totals	1154.70

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	92.9%	7.1%	0.0%	0.0%	100.0%		0.4%
0	61,116,200	4,661,500	0	0	65,777,700	230,680	

*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

PAMELA VIVIAN
815-288-8331

Registered Agent Information

Date Completed
3/5/2012

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	87
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 69

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED						Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2010	90
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2010	2
Intermediate DD	119	90	90	87	87	32	0	0	Total Discharges 2010	5
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2010	87
TOTAL BEDS	119	90	90	87	87	32	0	0	Identified Offenders	0

FACILITY UTILIZATION - 2011

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			32743	#Div/0!	0	0	0	0	32743	75.4%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32743	0.0%	0	0	0	0	32743	75.4%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	21	8	0	0	21	8	29
45 to 59	0	0	0	0	36	12	0	0	36	12	48
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	62	25	0	0	62	25	87

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		87	0	0	0	0	87
Sheltered Care			0	0	0	0	0
TOTALS	0	87	0	0	0	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	519	519
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	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	77	0	77
Race Unknown	0	0	4	0	4
Total	0	0	87	0	87

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	84	0	84
Ethnicity Unknown	0	0	0	0	0
Total	0	0	87	0	87

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.00
Physicians	0.50
Director of Nursing	0.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	0.00
Other Health Staff	5.00
Non-Health Staff	132.30
Totals	159.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	91.6%	0.0%	0.0%	8.3%	100.0%		0.0%
12,089	7,606,000	0	0	689,498	8,307,588	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

Melissa Gross

Contact Person and Telephone

MICHAEL S. PELLETIER
 847-742-1040 ext 2807

Registered Agent Information

Date Completed
 3/5/2012

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	242
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	242

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 242

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	TOTAL
Nursing Care	302	245	244	245	242	60	0	0	240	270
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	302	245	244	245	242	60	0	0	Identified Offenders	147

FACILITY UTILIZATION - 2011

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	468	0.0%	3074	0.0%	70104	0	10402	0	84048	76.2%	94.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	468	0.0%	3074	0.0%	70104	0	10402	0	84048	76.2%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	147	0	0	0	0	0	0	0	147	0	147
45 to 59	85	0	0	0	0	0	0	0	85	0	85
60 to 64	6	0	0	0	0	0	0	0	6	0	6
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	242	0	0	0	0	0	0	0	242	0	242

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	21	16	182	0	23	0	242
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	16	182	0	23	0	242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	595	595
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	145	0	0	0	145
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	1	0	0	0	1
Total	242	0	0	0	242

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	227	0	0	0	227
Ethnicity Unknown	1	0	0	0	1
Total	242	0	0	0	242

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	3.82
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	10.00
Certified Aides	0.00
Other Health Staff	295.00
Non-Health Staff	109.00
Totals	468.82

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.9%	2.1%	96.1%	0.0%	0.9%	100.0%		0.0%
307,200	744,300	33,374,318	0	304,300	34,730,118	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
Ellen Otomo

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

Registered Agent Information

Date Completed
3/5/2012

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	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	105
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	108

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 105

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	130	130	115	130	108	22	0	0	Total Admissions 2010	1202
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	1201
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2010	108
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	6
TOTAL BEDS	130	130	115	130	108	22	0	0		

FACILITY UTILIZATION - 2011

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	717	0.0%	314	0.0%	34715	0	4331	0	40077	84.5%	84.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	717	0.0%	314	0.0%	34715	0	4331	0	40077	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	17	0	0	0	0	0	0	44	17	61
45 to 59	30	9	0	0	0	0	0	0	30	9	39
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	77	31	0	0	0	0	0	0	77	31	108

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID 8000003

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other Medicaid		Private Insurance	Charity Pay	Charity Care	TOTALS
Nursing Care	20	12	67	1	8	0	108	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	20	12	67	1	8	0	108	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	24	0	0	0	24
Total	108	0	0	0	108

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	1	0	0	0	1
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	18.00
Director of Nursing	1.00
Registered Nurses	62.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	100.00
Non-Health Staff	65.00
Totals	266.00

NET REVENUE BY PAYOR SOURCE (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%	0.6%	98.8%	0.0%	0.5%	100.0%		0.0%
33,400	138,800	24,742,140	0	126,400	25,040,740	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
 3/12/2012

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	54
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	10
TOTALS	65

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 54

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	79	84	84	84	65	14	0	0	41
Skilled Under 22	0	0	0	0	0	0	0	0	394
Intermediate DD	0	0	0	0	0	0	0	0	370
Sheltered Care	0	0	0	0	0	0	0	0	65
TOTAL BEDS	79	84	84	84	65	14	0	194	Identified Offenders 0

FACILITY UTILIZATION - 2011

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	3056	0.0%	2735	0.0%	20486	0	0	0	26277	91.1%	85.7%
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	3056	0.0%	2735	3.9%	20486	0	0	0	26277	91.1%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	25	6	0	0	0	0	0	0	25	6	31
45 to 59	10	11	0	0	0	0	0	0	10	11	21
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	5	2	0	0	0	0	0	0	5	2	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	42	23	0	0	0	0	0	0	42	23	65

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	7	5	53	0	0	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	5	53	0	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	15.00
Physicians	3.10
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	70.00
Non-Health Staff	19.00
Totals	126.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.5%	2.4%	93.1%	0.0%	0.0%	100.0%		0.0%
1,705,400	926,000	35,587,956	0	0	38,219,356	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

Paul Brock

Contact Person and Telephone

MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
3/19/2012

ADMISSION RESTRICTIONS

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	391
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	391

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 391

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	390	399	397	399	391	-1	0	0	390
Skilled Under 22	0	0	0	0	0	0	0	0	1161
Intermediate DD	0	0	0	0	0	0	0	0	1160
Sheltered Care	0	0	0	0	0	0	0	0	391
TOTAL BEDS	390	399	397	399	391	-1	0	0	Identified Offenders 221

FACILITY UTILIZATION - 2011

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	954	0.0%	3320	0.0%	119126	0	2845	0	126245	88.7%	86.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	954	0.0%	3320	0.0%	119126	0	2845	0	126245	88.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	147	40	0	0	0	0	0	0	147	40	187
45 to 59	119	30	0	0	0	0	0	0	119	30	149
60 to 64	19	7	0	0	0	0	0	0	19	7	26
65 to 74	24	4	0	0	0	0	0	0	24	4	28
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	310	81	0	0	0	0	0	0	310	81	391

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	391	0	0	0	391
Skilled Under 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	391	0	0	0	391

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	1	0	0	0	1
Black	189	0	0	0	189
Hawaiian/Pac. Isl.	0	0	0	0	0
White	199	0	0	0	199
Race Unknown	2	0	0	0	2
Total	391	0	0	0	391

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	45	0	0	0	45
Non-Hispanic	344	0	0	0	344
Ethnicity Unknown	2	0	0	0	2
Total	391	0	0	0	391

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.90
Physicians	26.65
Director of Nursing	3.00
Registered Nurses	108.80
LPN's	0.00
Certified Aides	0.00
Other Health Staff	322.00
Non-Health Staff	168.80
Totals	656.15

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.0%	0.7%	98.0%	0.0%	0.3%	100.0%		0.0%
568,200	426,200	58,467,102	0	195,500	59,657,002	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 3/1/2012

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 '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	115
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 23

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2010	120
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2010	6
Intermediate DD	167	223	223	115	115	52	0	0	Total Discharges 2010	11
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2010	115
TOTAL BEDS	167	223	223	115	115	52	0	0	Identified Offenders	0

FACILITY UTILIZATION - 2011

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	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			41699	#Div/0!	38738	0	0	0	80437	132.0%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41699	0.0%	38738	0	0	0	80437	132.0%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	17	20	0	0	17	20	37
45 to 59	0	0	0	0	41	25	0	0	41	25	66
60 to 64	0	0	0	0	2	5	0	0	2	5	7
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	63	52	0	0	63	52	115

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		115	0	0	0	0	115
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	0	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	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	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	18	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	96	0	96
Race Unknown	0	0	0	0	0
Total	0	0	115	0	115

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	108	0	108
Ethnicity Unknown	0	0	1	0	1
Total	0	0	115	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	2.00
Director of Nursing	2.00
Registered Nurses	14.00
LPN's	12.10
Certified Aides	109.00
Other Health Staff	5.00
Non-Health Staff	88.70
Totals	242.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.2%	92.2%	7.6%	0.0%	0.0%	100.0%		0.0%
27,600	13,137,400	1,083,000	0	0	14,248,000	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 2/28/2012

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 '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	209
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	209

Total Residents Diagnosed as Mentally Ill 76

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2010	221
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2010	6
Intermediate DD	480	221	221	209	209	271			Total Discharges 2010	18
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2010	209
TOTAL BEDS	480	221	221	209	209	271	0	0	Identified Offenders	0

FACILITY UTILIZATION - 2011

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			79893	#Div/0!	0	0	0	0	79893	45.6%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	79893	0.0%	0	0	0	0	79893	45.6%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	39	15	0	0	39	15	54
45 to 59	0	0	0	0	89	31	0	0	89	31	120
60 to 64	0	0	0	0	10	7	0	0	10	7	17
65 to 74	0	0	0	0	9	6	0	0	9	6	15
75 to 84	0	0	0	0	3	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	150	59	0	0	150	59	209

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		209	0	0	0	0	209
Sheltered Care			0	0	0	0	0
TOTALS	0	209	0	0	0	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	368	368
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	22	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	184	0	184
Race Unknown	0	0	0	0	0
Total	0	0	209	0	209

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	16	0	16
Non-Hispanic	0	0	193	0	193
Ethnicity Unknown	0	0	0	0	0
Total	0	0	209	0	209

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	2.90
Director of Nursing	1.00
Registered Nurses	23.50
LPN's	1.00
Certified Aides	262.30
Other Health Staff	9.80
Non-Health Staff	92.50
Totals	409.00

NET REVENUE BY PAYOR SOURCE (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%	91.8%	0.0%	0.0%	7.5%	100.0%		0.0%
163,100	23,579,900	0	0	1,933,500	25,676,500	0	

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

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
3/5/2012

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	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	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	124
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 124

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2010	
Nursing Care	125	127	127	125	124	1	0	0	127
Skilled Under 22	0	0	0	0	0	0	0	0	211
Intermediate DD	0	0	0	0	0	0	0	0	214
Sheltered Care	0	0	0	0	0	0	0	0	124
TOTAL BEDS	125	127	127	125	124	1	0	0	Identified Offenders 88

FACILITY UTILIZATION - 2011

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	2313	0.0%	894	0.0%	39573	0	435	0	43215	94.7%	93.2%
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	2313	0.0%	894	0.0%	39573	0	435	0	43215	94.7%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	68	14	0	0	0	0	0	0	68	14	82
45 to 59	26	10	0	0	0	0	0	0	26	10	36
60 to 64	4	1	0	0	0	0	0	0	4	1	5
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
TOTALS	98	26	0	0	0	0	0	0	98	26	124

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
			Public					
Nursing Care	7	117	0	0	0	0	0	124
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	7	117	0	0	0	0	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	55	0	0	0	55
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

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
Total	124	0	0	0	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.80
Physicians	8.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	118.00
Non-Health Staff	56.00
Totals	226.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.9%	1.0%	97.1%	0.0%	0.1%	100.0%		0.0%
406,500	201,500	20,484,535	0	11,800	21,104,335	0	

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

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 3/5/2012

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	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	102
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	102

Total Residents Diagnosed as Mentally Ill 102

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	140	106	106	106	102	38	0	0	110
Skilled Under 22	0	0	0	0	0	0	0	0	736
Intermediate DD	0	0	0	0	0	0	0	0	744
Sheltered Care	0	0	0	0	0	0	0	0	102
TOTAL BEDS	140	106	106	106	102	38	0	0	Identified Offenders 0

FACILITY UTILIZATION - 2011

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	6179	0.0%	3680	0.0%	21565	0	6531	0	37955	74.3%	98.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6179	0.0%	3680	0.0%	21565	0	6531	0	37955	74.3%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	41	7	0	0	0	0	0	0	41	7	48
45 to 59	26	17	0	0	0	0	0	0	26	17	43
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	74	28	0	0	0	0	0	0	74	28	102

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	Other			Private	Charity	TOTALS	
	Medicare	Medicaid	Public Insurance	Pay	Care		
Nursing Care	30	3	51	0	18	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	3	51	0	18	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	32	0	0	0	32
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	31.00
Physicians	8.00
Director of Nursing	2.00
Registered Nurses	30.50
LPN's	0.00
Certified Aides	60.20
Other Health Staff	17.00
Non-Health Staff	57.40
Totals	206.10

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
21.3%	8.2%	70.0%	0.0%	0.5%	100.0%		0.0%
4,038,200	1,551,700	13,303,213	0	103,100	18,996,213	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
 3/5/2012

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
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	133
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 133

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	173	140	140	140	133	40	0	0	143
Skilled Under 22	0	0	0	0	0	0	0	0	3637
Intermediate DD	0	0	0	0	0	0	0	0	3647
Sheltered Care	0	0	0	0	0	0	0	0	133
TOTAL BEDS	173	140	140	140	133	40	0	0	Identified Offenders 0

FACILITY UTILIZATION - 2011

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	384	0.0%	115	0.0%	48746	0	644	0	49889	79.0%	97.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	384	0.0%	115	0.0%	48746	0	644	0	49889	79.0%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	60	27	0	0	0	0	0	0	60	27	87
45 to 59	29	7	0	0	0	0	0	0	29	7	36
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	92	41	0	0	0	0	0	0	92	41	133

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	5	7	119	0	2	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	7	119	0	2	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	97	0	0	0	97
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	1	0	0	0	1
Total	133	0	0	0	133

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	30	0	0	0	30
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	17.00
Physicians	22.90
Director of Nursing	2.00
Registered Nurses	62.00
LPN's	10.00
Certified Aides	0.00
Other Health Staff	99.00
Non-Health Staff	88.00
Totals	300.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	99.9%	0.0%	0.1%	100.0%		0.0%
12,900	-400	28,759,337	0	18,000	28,789,837	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 DEVELOPMENTAL CENTER

1535 WEST MCCORD
CENTRALIA, IL. 62801

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

Administrator

JAMIE VEACH

Contact Person and Telephone

RICK STARR
618-532-1811

Registered Agent Information

Date Completed
2/8/2012

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	276
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	276

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 317

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2010	8
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	21
Intermediate DD	372	372	289	372	276	96			Residents on 12/31/2010	276
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	372	372	289	372	276	96	0	0		

FACILITY UTILIZATION - 2011

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			102805	#Div/0!	0	0	0	0	102805	75.7%	75.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	102805	0.0%	0	0	0	0	102805	75.7%	75.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	78	30	0	0	78	30	108
45 to 59	0	0	0	0	88	53	0	0	88	53	141
60 to 64	0	0	0	0	9	6	0	0	9	6	15
65 to 74	0	0	0	0	3	8	0	0	3	8	11
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	178	98	0	0	178	98	276

MURRAY DEVELOPMENTAL 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		276	0	0	0	0	276
Sheltered Care			0	0	0	0	0
TOTALS	0	276	0	0	0	0	276

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	40	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	235	0	235
Race Unknown	0	0	0	0	0
Total	0	0	276	0	276

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	274	0	274
Ethnicity Unknown	0	0	0	0	0
Total	0	0	276	0	276

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.00
Physicians	3.10
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	21.00
Certified Aides	343.00
Other Health Staff	34.50
Non-Health Staff	102.00
Totals	548.60

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	29,373,468	0	0	0	29,373,468	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

Alfreda Kibby

Contact Person and Telephone

MICHAEL S. PELLETIER
847-742-1040 ext 2807

Registered Agent Information

Date Completed
3/7/2012

ADMISSION RESTRICTIONS

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	50
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	50

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 50

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	76	76	76	76	50	26	0	0	70
Skilled Under 22	0	0	0	0	0	0	0	0	607
Intermediate DD	0	0	0	0	0	0	0	0	627
Sheltered Care	0	0	0	0	0	0	0	0	50
TOTAL BEDS	76	76	76	76	50	26	0	0	Identified Offenders 3

FACILITY UTILIZATION - 2011

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	2819	0.0%	1239	0.0%	10396	0	9487	0	23941	86.3%	86.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2819	0.0%	1239	0.0%	10396	0	9487	0	23941	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	5	0	0	0	0	0	0	20	5	25
45 to 59	15	5	0	0	0	0	0	0	15	5	20
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	40	10	0	0	0	0	0	0	40	10	50

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	5	1	28	0	16	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	1	28	0	16	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	5.00
Physicians	5.00
Director of Nursing	4.00
Registered Nurses	19.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	67.00
Non-Health Staff	41.00
Totals	143.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.5%	2.9%	88.8%	0.0%	0.8%	100.0%		0.0%
1,029,100	390,300	12,142,046	0	111,600	13,673,046	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
3/7/2012

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
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	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	0
Non-Medical Conditions	0
TOTALS	40

FACILITY OWNERSHIP

STATE

CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 40

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

ADMISSIONS AND DISCHARGES - 2011

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2011	
		SET-UP	USED					Residents on 1/1/2010	
Nursing Care	100	75	75	50	40	60	0	0	60
Skilled Under 22	0	0	0	0	0	0	0	0	1626
Intermediate DD	0	0	0	0	0	0	0	0	1646
Sheltered Care	0	0	0	0	0	0	0	0	40
TOTAL BEDS	100	75	75	50	40	60	0	0	Identified Offenders 0

FACILITY UTILIZATION - 2011

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%	20061	0	0	0	20061	55.0%	73.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	20061	0	0	0	20061	55.0%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	16	12	0	0	0	0	0	0	16	12	28
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	21	19	0	0	0	0	0	0	21	19	40

TINLEY PARK MENTAL HEALTH CTR

7400 WEST 183RD STREET
 TINLEY PARK, IL. 60477

Reference Numbers Facility ID 8000017

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other Medicaid		Private Insurance	Charity Pay	Charity Care	TOTALS
			Public					
Nursing Care	0	0	40	0	0	0	0	40
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD			0	0	0	0	0	0
Sheltered Care			0	0	0	0	0	0
TOTALS	0	0	40	0	0	0	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	632	632
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	21	0	0	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	38	0	0	0	38
Total	40	0	0	0	40

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.00
Physicians	13.00
Director of Nursing	0.00
Registered Nurses	24.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	64.00
Non-Health Staff	62.00
Totals	177.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	100.0%	0.0%	0.0%	100.0%		0.0%
0	0	20,073,602	0	0	20,073,602	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
 MICHAEL UNDERWOOD

Contact Person and Telephone
 Thomas Gotschall
 217-479-2110

Registered Agent Information **Date Completed**
 3/6/2012

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	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	185
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 107

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2010	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	34
Intermediate DD	329	216	206	216	185	144			Residents on 12/31/2010	185
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	329	216	206	216	185	144	0	0		

FACILITY UTILIZATION - 2011

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			72036	#Div/0!	251	0	0	0	72287	60.2%	91.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	72036	0.0%	251	0	0	0	72287	60.2%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	46	19	0	0	46	19	65
45 to 59	0	0	0	0	66	17	0	0	66	17	83
60 to 64	0	0	0	0	15	5	0	0	15	5	20
65 to 74	0	0	0	0	13	3	0	0	13	3	16
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	140	45	0	0	140	45	185

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		184	1	0	0	0	185
Sheltered Care			0	0	0	0	0
TOTALS	0	184	1	0	0	0	185

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	21	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	161	0	161
Race Unknown	0	0	0	0	0
Total	0	0	185	0	185

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	182	0	182
Ethnicity Unknown	0	0	0	0	0
Total	0	0	185	0	185

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	2.50
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.00
Certified Aides	234.50
Other Health Staff	7.00
Non-Health Staff	91.50
Totals	375.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
3,800	21,891,000	0	0	0	21,894,800	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
 708-283-3162

Registered Agent Information Date Completed 2/23/2012

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 '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	410
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	410

Total Residents Diagnosed as Mentally Ill 263

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

ADMISSIONS AND DISCHARGES - 2011

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 - 2011	
									Residents on 1/1/2010	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2010	10
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	14
Intermediate DD	510	420	414	420	410	100			Residents on 12/31/2010	410
Sheltered Care	0	0	0	0	0	0			Identified Offenders	1
TOTAL BEDS	510	420	414	420	410	100	0	0		

FACILITY UTILIZATION - 2011

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			148464	#Div/0!	0	0	0	0	148464	79.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	148464	0.0%	0	0	0	0	148464	79.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	102	36	0	0	102	36	138
45 to 59	0	0	0	0	164	73	0	0	164	73	237
60 to 64	0	0	0	0	9	7	0	0	9	7	16
65 to 74	0	0	0	0	12	6	0	0	12	6	18
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	288	122	0	0	288	122	410

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		404	6	0	0	0	410
Sheltered Care			0	0	0	0	0
TOTALS	0	404	6	0	0	0	410

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	4	0	4
Amer. Indian	0	0	0	0	0
Black	0	0	169	0	169
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	237	0	237
Race Unknown	0	0	0	0	0
Total	0	0	410	0	410

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	22	0	22
Non-Hispanic	0	0	388	0	388
Ethnicity Unknown	0	0	0	0	0
Total	0	0	410	0	410

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	7.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	19.00
Certified Aides	463.00
Other Health Staff	8.00
Non-Health Staff	201.00
Totals	727.00

NET REVENUE BY PAYOR SOURCE (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%	93.4%	0.0%	0.0%	6.4%	100.0%		0.0%
99,500	42,280,700	0	0	2,888,800	45,269,000	0	

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